

ARMY MEDICAL LIBRARY

WASHINGTON, D.C.

ARMY MEDICAL LIBRARY

POLICY ON
SCOPE AND COVERAGE

Washington, 1951

INTRODUCTION

The pages which follow are the major documents which have resulted from the Army Medical Library's attempts to define more specifically its policies concerning the scope and coverage of its collections. They are largely self-explanatory, and need no further exposition here, except perhaps a simple identification of each paper, and an indication of their relationships with each other.

The first paper is the original directive setting up a Committee on Scope; in this directive the problem is defined.

The second paper is an abridgment of the Committee's report to the Director, submitted in March, 1950. Introductory sections, and those on methodology, are largely quoted verbatim; a section of recommendations is not given, as most of these are included in the paper which follows.

After the Committee had submitted its original report in March, 1950, it was continued in existence until the following October. During this period a series of memoranda was exchanged between the Committee and the Director, and various problem areas were threshed out.

The third paper is Library Order No. 3, dated 6 February 1951. This states, for the staff of the Army Medical Library, the policy on scope and coverage which the Library will follow. It incorporates the recommendations made by the Committee in its first report, and further recommendations made in the October report. In most instances the directive uses the original language of the Committee's report; I have generally merely changed "should" to "shall," although there are some few areas where I have overridden the original recommendations.

Attached as appendices to Library Order No. 3 are papers by the Chief, History of Medicine Division (Dr. W. J. Wilson) and the Chief, Acquisition Division (Mr. Joseph Groesbeck). Dr. Wilson's paper stems from a larger paper originally presented in mimeographed form at the Sixth Meeting of the Association of Honorary Consultants to the Army Medical Library in October, 1949; Mr. Groesbeck's paper was presented at the Seventh Meeting of the Honorary Consultants in October, 1950.

The fourth paper is Library Order No. 6, dated 15 February 1951, establishing a continuing Committee on Scope and Coverage, and setting forth the matters to which it should turn its attention during the coming year.

I have already commended the members of the original Committee -- Miss Brodman, Mr. Groesbeck, and Mr. Adams -- but I take this occasion to do so again. Their considerable efforts have resulted in what I believe to be a large forward step in the rationalization of the policies of the Army Medical Library.

The problems of scope and coverage are infinite in number, constantly presenting new facets for questioning and decision, and consequently are never to be completely solved. The papers presented herein therefore offer no final answers, but rather serve as a starting point for further discussion and sharpening of the issues. They have been gathered together in this form because it is felt that they will be of interest outside the Library, in other situations where similar problems are being faced.

FRANK B. ROGERS
Lt Col, MC
Director

Army Medical Library
Washington 25, D. C.
1 March 1951

Department of the Army

ARMY MEDICAL LIBRARY
Washington 25, D. C.

17 November 1949

SUBJECT: Committee on Scope and Coverage

TO: Miss Estelle Brodman
Mr. Scott Adams
Mr. Joseph A. Groesbeck

1. There is hereby established a Committee on Scope of the Army Medical Library, constituted as follows:

Miss Estelle Brodman, Chairman
Mr. Scott Adams
Mr. Joseph A. Groesbeck

The Committee shall meet from time to time at the call of the Chairman.

2. The Committee on Scope will

- a. Consider the desirable scope of a current collecting policy for the Army Medical Library.
- b. Consider the desirable coverage of the field determined to be within scope. Where coverage should vary, precise indication will be made of where the variance should occur, and to what extent.
- c. Consider the problems of scope and coverage presented by materials already a part of the Library's collections, with particular attention to the fact that a practically total recataloging job is now under way, and to the fact that a large part of the material already in the collection is represented by entries in the Index-Catalogue.
- d. Bear in mind at all times
 - (1) the archival functions of the Army Medical Library, as well as its reference functions;
 - (2) the particular responsibilities of the Library, as part of the Department of Defense, in the area of medical intelligence;

17 November 1949 - To Miss Brodman, Mr. Adams, and Mr. Groesbeck.

(3) the Director's conviction, no doubt widely shared, that the Library cannot and should not attempt to be autonomous in its collecting policy but must consider carefully the significance of the areas of interest of other libraries, with specific attention to the interests of the Library of the Department of Agriculture and of the Library of Congress.

- e. Offer its pooled judgment of the relative priorities which should be given to the collecting of materials in the various categories of imprint date, form (serial, monograph, manuscript), and perhaps price, on the assumption that time, personnel, and money are not unlimited.
- f. Make detailed, specific recommendations on the above, with adequate working definitions and suggestions for implementation which will provide a realistic basis for future activity.

3. The Committee's activity need not be limited to the considerations outlined in paragraph 2 above, but in any case will not exclude them. The Committee is urged to consult widely with other members of the Library staff whenever such action is deemed desirable. The Chief, Reference Division, will make available the services of the Reference Division staff should the Committee desire help in collecting and assembling data for their study; such activities of the staff of the Reference Division shall be given high priority.

4. The Committee will render a preliminary report on the nature, direction and methodology of its activities to the Director, Army Medical Library, prior to 6 January 1950. They will confer from time to time with the Director, as they deem desirable. A final report will be due on or about 31 March 1950. Upon acceptance of the report by the Director, the Committee is dissolved.

/s/ FRANK B. ROGERS
Major, Medical Corps
Director

COPY TO:

Miss MacDonald
Dr. Mayer
Dr. Wilson

Abridged Report of
THE COMMITTEE ON SCOPE

The Army Medical Library Washington 25, D. C.

March 1950

THE PROBLEM

The time when a person could set out to learn everything that was known has long since passed. Even in Francis Bacon's time the need for specialization was obvious enough, so that The New Atlantis envisages corps of men trained in one or another species of knowledge. Just as universal knowledge was unattainable after the time, perhaps, of Thomas Aquinas, so knowledge of the whole of individual subjects soon became unattainable. Medicine began to split off from all natural science, astronomy from astrology, chemistry from alchemy soon after the Renaissance. It is said that Kekule was the last chemist to understand all the known facts about both organic and inorganic chemistry. Perhaps it was Sir William Osler who was the last great figure to understand all the advances of medicine - or perhaps even he could know only one form of medicine; namely, internal medicine.

Be that as it may, knowledge since the middle ages has consistently split up into more manageable segments and then each segment has deepened. And parallel with the knowledge itself has gone the literature through which the knowledge is transmitted from worker to worker. Here, where ontogeny faithfully recapitulated phylogeny, we find medicine following the outline of science in general. In the 17th century, the "Invisible College at Gresham" later to be the Royal Society, the Accademia dei Lincei in Rome, the Academie Royale des Sciences in Paris, the Kaiserliche Leopoldinische Akademie der Naturforscher, all published scientific journals whose early pages abound in treatises on mathematics, physics, chemistry, geology, botany, and other natural sciences, as well as on medicine. Gradually, however, specialized journals in medicine alone began to appear; and in the 19th century we find even these splitting up into the component specialties of which medicine is composed. Only lately do we find, side by side with a continuing specialized literature, a few attempts to combine several of the subdivisions into one subject-journal. Examples of such reintegration are: the Acta biophysica et biochimica, or the Arkiv for kemi og mineralogi.

Today we have all types of periodical literature: the completely undifferentiated science journal (such as Nature, Science, or Zeitschrift für Naturwissenschaften), the large-subject journal (such as the J.A.M.A., Lancet, Paris Medicale), the minutely specialized periodical (the Zeitschrift für urologische chirurgie, for example), and the journals (mentioned above) which attempt to bestride more than one subject field. In addition to the growing journal literature, monographic works continued to be published in increasing numbers. With the advent of the centralized state, the government document and the report of government-sponsored projects began to be important. Since these did not appear with the same regularity and in the same form as the older literature, new techniques for its collection and use had to be devised.

The great problems of the collection of scientific literature, which have plagued libraries and scientists since the beginning of the 20th century, however, may be said to be due in large measure to the tremendous bulk of the literature and to the fluid nature of modern science. Any library which attempts to gather a comprehensive collection in the field of medicine today must expect to acquire all the forms of literature discussed above; namely, the early, undifferentiated literature; the later, minutely subdivided literature; and the present-day attempts to bridge the formal boundaries of the individual sciences. It must also be prepared to acquire material in all forms - monographic, documentary, near-printed, as well as in the more common serial state. It goes without saying that these works must be collected in all languages. Because the specialized sciences have not split along clean definite lines, however, it must also be prepared to invest its time, money, energy, and space in the collection and storage of some material from the sciences on the periphery of its major field. For example, psychiatry is unquestionably considered to be part of medicine today; yet where psychiatry fades off into customs at one end and industrial management at the other, there is, for a medical library, a twilight zone of collecting.

In addition, where it was possible, due to the comparative trickle of publications, for early libraries to embrace all knowledge, today's flood of writings makes it expedient to concentrate on a smaller segment of knowledge. Even in these smaller segments, as mentioned above, knowledge (and consequently the literature) has deepened to the point where practical considerations of money, space, and personnel make it necessary to define as clearly as possible the exact boundaries of the segment chosen for a collection. By doing so, the library will be more likely to obtain a comprehensive collection in its field than if it attempted to collect an amorphous mass of books on all subjects.

This problem is present to a certain degree in all medical libraries, but it has been especially acute in the Army Medical Library because of the following factors:

1. The Army Medical Library is historically dedicated to collecting extensively in a large field whose borders are ill-defined.
2. In the past half century there has been, by Army rule, a constant turnover of commandants, with a resultant loss of continuity in the running of the Library.
3. The Library has not been supported financially with any consistent policy, so that long-range plans were difficult.

For these and for other reasons, the collections at the Army Medical Library have not been so good as they should have been. John Shaw Billings felt that the Library had at least 80 per cent of all the medical literature.



The Committee feels that this may have been a true estimate for 19th century literature, but it is doubtful if even 50 per cent of the medical literature of the first quarter of the 20th century was so collected.

This fact must have been apparent to the staff and to users of the Army Medical Library for some time, but it was not until World War II that something was done about it. Under Colonel Harold W. Jones, Director of the Army Medical Library from 1936 to 1945, money was obtained from the Rockefeller Foundation and permission obtained from The Surgeon General to have the American Library Association conduct a survey of the Army Medical Library. The Survey Committee's condensed report was published in 1944; in addition, detailed reports and recommendations are preserved in typewritten form in the Library. For the present Committee's work only the sections of the Survey Report referring to the collection are pertinent.

The Survey Committee compared the holdings of the Army Medical Library for monographs, as shown in the Index-Catalogue, with the holdings of other outstanding medical libraries, The New York Academy of Medicine, and the library of the American Medical Association, and compared its serial holdings with those of The New York Academy of Medicine and the College of Physicians and Surgeons, Columbia University. It found the Army Medical Library collections woefully weak in many categories, and questioned not only whether the Library had fallen from its high position as the largest medical library in the world, but whether even some American libraries were not outstripping the Army Medical Library in receipts of current medical literature. It made general recommendations for collecting in certain areas which it felt had been neglected, and it suggested cooperation with other governmental libraries to avoid overlapping collections.

As a result of this Survey, the Army Medical Library began to acquire material from all over the world at an enormous rate. In this mass of acquisitions, however, were many pieces only quasi-medical in nature. In addition, it soon began to be perceived that the task of going over the Army Medical Library collection systematically and obtaining the missing literature would be an enormous one. Because the recommendations of the Survey Committee had necessarily been couched in general terms, aid could not be obtained from them in deciding about specific books or topics. A more detailed spelling out of the problems and the steps to their solution was needed.

A trial effort at solving these problems was made by inviting outside specialists to survey the literature in their particular subject fields and to make specific recommendations for the acquisition of material and for weeding of the collection as it stood. The American Pharmaceutical Association was thus invited to aid the Army Medical Library in this manner. A number of meetings were held with representatives of the A.P.A. and the Library profited by valuable general guidance and a number of specific recommendations. It was soon apparent, however, that the

problems in any subject-area had to be considered in relation to the whole collection. For this reason, a more pragmatic method was decided upon. On 17 November 1949, a Committee on Scope and Coverage was established with orders to present its final report on or about 31 March 1950. This report was prepared in compliance with that directive.

METHODOLOGY

The Committee realized at the outset that other groups had worked on the same problem of scientific literature previously. Although it determined upon a new procedure, the Committee considered carefully the report of the Survey Committee of the Army Medical Library in 1944, the transactions of the various international congresses on scientific literature, the writings of such experts as Bradford and Lancaster-Jones in England and Fussler in America, and the work of groups still in existence - such as the Surgeon General's Committee of Consultants for the Study of the Indexes to Medical Literature Published by the Army Medical Library.

At its first meeting on 22 November 1949 the Committee settled on the following procedure for handling its assignment:

1. Determination of the broad aspects of the scope of medicine.
2. Determination of peripheral subjects of consequence to medicine, and of the extent to which they should be represented in the collections.
3. Study of the effect of the collecting policies of other federal libraries on the above.
4. Study of special area and relationship problems.

At its first meeting the Committee agreed that the literature of the following subjects was to be included in a core collection of the medical sciences:

Medicine	Dentistry and	Chiropractic
Surgery	Dental Hygiene	Medical Technology
Nursing	Pharmacy	Physical Therapy
Osteopathy		Psychiatry

These a priori decisions were developed further, in a memo to the Director, as

- a. Medicine per se (medicine, surgery)
- b. The non-standard explanations of disease and its treatment (chiropractic, osteopathy)

- c. Those parts of medicine which are sometimes questioned as being a part of medicine, but which the Committee felt should be so considered (psychiatry, physical therapy, medical technology)
- d. Those non-medical fields closely allied to medicine, which the Committee felt the Army Medical Library should consider as much its province as medicine per se (dentistry, pharmacy, nursing)

It was then agreed that related subjects could best be weighed by consideration of the whole of human knowledge from the point of view of a medical library. The most convenient approach to such a review appeared to be by means of an existing systematic classification of knowledge. Accordingly, it was decided to study the Library of Congress classification schedules which provide convenient, familiar classification symbols.

With the Library of Congress schedules in hand the Committee agreed first to accept the "R" schedule in entirety; that is, to say that all knowledge encompassed in this schedule is medical and is appropriate to the Library. The remaining Library of Congress schedules, A through Q, and S through Z, were then divided among the members of the Committee, who selected from them subjects considered to be of interest to the Army Medical Library. These selections were discussed and agreed upon by all members of the Committee.

The Committee next gave consideration to the question of degree of coverage for each subject so selected. It was immediately apparent that if a workable selection guide were to result from the Committee's study, several degrees of coverage must be defined with some precision. Obviously, the Library would want everything on surgery and almost nothing in geography; the upper and lower degrees of coverage were thus simple to define. They were designated, respectively, "exhaustive" and "skeletal" collections. The middle ground presented the problem. After considerable discussion it was decided to define the limits of collection between "skeletal" and "exhaustive" in terms of usefulness expressed within a familiar academic frame of reference. Accordingly, the following four degrees of coverage were defined:

1. A skeletal collection is one that merely takes cognizance of a subject. It consists of a dictionary, one or two outstanding texts in the latest or best edition, and a history of the subject.
2. A reference collection is a collection in a field relating to medicine adequate for the requirements of a medical investigator working at the level of university graduate study. It consists of one or more up-to-date dictionaries, an encyclopedia, several texts in the latest or best editions, a comprehensive bibliography, a comprehensive index to the periodical literature, one or more basic journals, and one or more histories of the subject.

3. A research collection is a collection in the medical or related subjects which is adequate for independent investigation comparable to university doctoral dissertation standards. It includes most of the books, pamphlets, periodicals, and government documents in the commonly used languages in the latest or best editions.
4. An exhaustive collection is one which includes everything written in the field -- books, pamphlets, periodicals, abstracting and reviewing media, government documents, loose-leaf systems, congress reports, Festschriften, dissertations, symposia, institutional reports, school catalogs, leaflets, broadsides, notices, etc. -- whether printed, near-printed, typewritten, or in manuscript, in all languages, of all time, and in all editions, but not necessarily in translation or in variant issues. Ephemera such as commercial promotional literature may be kept permanently only in representative samples.

The Committee then reviewed each subject determined to be within scope, indicating its collective judgment as to the extent of desirable coverage within the subject. A detailed statement of its decisions was filed with the Director. A second progress report was submitted on 5 January 1950 in which it was suggested that the Committee consult with other special federal libraries whose collecting policies might affect, and might be affected by, decisions made by the Army Medical Library. On invitation from the Director representatives from the following libraries met on 17 January 1950 in the Army Medical Library:

Federal Security Agency
National Institutes of Health
Naval Medical Center

Smithsonian Institution
U. S. Department of Agriculture
U. S. Department of Labor

It is recognized that any conclusions regarding division of collecting effort among the federal libraries may necessitate re-examination of existing agreements between the Library of Congress and the Army Medical Library. The Library of Congress was not included since the Committee and the Director believed that discussion with the Library of Congress would be premature without a report in hand.

As a consequence of this meeting the Committee reached the tentative decision that the only area in which there may be serious duplication is that of veterinary medicine and the allied fields, and that, consequently, the Library of the Department of Agriculture is the only agency represented at the meeting whose collecting policy must be studied thoroughly in framing the policy of the Army Medical Library. The Committee lacked the power to explore this matter fully and must refer final decisions to the personal attention of the Director.

Consideration was then given to special aspects of the problem. The Committee invited Dr. William Jerome Wilson, Chief of the History of Medicine Division, to sit with it, and its conclusions relating to the collection of historical materials were influenced by his opinions. The Committee is

in agreement with the principles expressed in Dr. Wilson's paper relating to the collection of early printed books and manuscripts.*

Mr. Charles A. Roos, Head of the Document Section, advised the Committee in reaching a recommendation on the scope of governmental publications to be collected by the Library.

Mr. Sam W. Roberts, Chief of the Administrative Division, assisted the Committee in determining recommendations for the Library's responsibility for maintaining permanent archival files relating to the Army Medical Library's own history. It is believed that all pertinent Army Regulations were considered in arriving at conclusions concerning the Library's policy in collecting publications and other material relating to the Medical Department of the Army.

In considering the scope of the Art Section, Miss M. Ruth MacDonald, Chief of the Catalog Division, was consulted and the relationship to the Medical Illustration Service of the Armed Forces Institute of Pathology was considered. The Committee did not consider it within its purview to recommend reconsideration of the existent Army Regulations allocating responsibility for medical films at the present time.

To determine whether its recommendations on weeding the collection were workable, the Committee procured the aid of Miss Marjory Spencer of the Reference Division and Mr. Leslie Falk of the Acquisition Division, who experimentally ran through the procedures recommended for the weeding of out-of-scope monographs in two subjects chosen at random.

The writing of this report was parceled out among the members of the Committee. The sections were then subjected to common editorial review and the final report represents, therefore, the unanimous and collective judgment of all members of the Committee. Draft copies of the final report were circulated for comment to all Division Chiefs of the Army Medical Library, and their suggestions considered in the preparation of the final report. There is no minority report.

[Here follows a section of specific recommendations.]

CONCLUSIONS

The Committee on Scope recommends that the Army Medical Library collect material in all the specific fields of knowledge shown in the special reports submitted to the Director, and to the extent recommended in each case. It recommends that the Director take steps to clarify the

* Wilson, W. J. A Plan for a Comprehensive Medico-Historical Library. 23 p. Mimeographed. 21 October 1949.

boundaries between the collections of the Department of Agriculture and the Army Medical Library and that this report then serve as a basis for discussions between the Army Medical Library and the Library of Congress. It also recommends special consideration for the History of Medicine Division, the Art Section, documentary materials, and the Library's archives.

The Committee believes that, as has been pointed out by many writers, serial publications are the most important material acquired by a science library today serving practicing scientists; and it does not feel that 50 per cent of the Library's total budget for acquisitions is too much to spend on this form of publication. It feels that current and recent monographs should be sought after dynamically for purchase, but it believes 19th century and early 20th century (up to 1920) monographs need be purchased only as offered by dealers or other sellers. In the field of rare books, the Committee is in accord with Dr. Wilson's views as shown in his earlier article.

Although the Committee is aware that money for the purchase of materials for the Army Medical Library collections is far from unlimited, it feels that no valid criterion could be set up for judging acquisitions theoretically on the basis of price alone. Each case must be judged individually, and the Committee therefore makes no recommendation on this point.

The Committee recommends that a continuing Committee on Scope be appointed to plan the systematic survey of the Army Medical Library collection, and to be available to the Director for referral of problems pertaining to scope and coverage. The Committee feels that the Chief, Acquisition Division, the Chief, History of Medicine Division, and the Chief, Reference Division, should be members ex officio and that the other member or members be rotated annually.

Respectfully submitted,

SCOTT ADAMS

JOSEPH GROESBECK

ESTELLE BRODMAN, Chairman

THE ARMY MEDICAL LIBRARY
Washington 25, D. C.

LIBRARY ORDER No. 3

6 February 1951

SUBJECT: Scope and Coverage of Collections

1. Purpose. The purpose of this directive is to define the scope of the collecting policy of the Army Medical Library, to specify the degree of coverage to be sought in each field defined as being within scope, and to provide a guide for intelligent reshaping of the collections assembled in the past.

2. Definitions.

- a. SCOPE -- The range in breadth of a subject field. (Only subject content is pertinent.)
- b. COVERAGE -- The depth of penetration into a subject field, or into subdivisions of the field. (Language, physical format, imprint date, quality level, etc. -- all may be pertinent.)
- c. LEVELS OR DEGREES OF COVERAGE --
 - (1) A SKELETAL COLLECTION is one that merely takes cognizance of a subject. It consists of a dictionary, one or two outstanding texts in the latest or best edition, and a history of the subject.
 - (2) A REFERENCE COLLECTION is a collection in a field relating to medicine adequate for the requirements of a medical investigator working at the level of university graduate study. It consists of one or more up-to-date dictionaries, an encyclopedia, several texts in the latest or best editions, a comprehensive bibliography, a comprehensive index to the periodical literature, one or more basic journals, and one or more histories of the subject.
 - (3) A RESEARCH COLLECTION is a collection in the medical or related subjects which is adequate for independent investigation comparable to university doctoral dissertation standards. It includes most of the books, pamphlets, periodicals, and government documents in the commonly used languages in the latest or best editions.



- (4) AN EXHAUSTIVE COLLECTION is one which includes everything written in the field -- books, pamphlets, periodicals, abstracting and reviewing media, government documents, loose-leaf systems, congress reports, Festschriften, dissertations, symposia, institutional reports, school catalogs, leaflets, broadsides, notices, etc., -- whether printed, near-printed, typewritten, or in manuscript, in all languages, of all time, and in all editions, but not necessarily in translation or in variant issues. Ephemera such as commercial promotional literature may be kept permanently only in representative samples.

- d. MEDICINE -- "The science and art dealing with the prevention, cure, or alleviation of disease" (Webster). As here defined, medicine includes the narrower field in the province of the physician (as opposed to the surgeon), as well as surgery, nursing, dentistry and dental hygiene, pharmacy and pharmacology, physical therapy, psychiatry, medical technology, and the non-standard explanations of disease such as chiropractic and osteopathy.

3. Areas declared in scope, with indications of level of coverage, arranged according to the Library of Congress Classification:

A - GENERAL WORKS
POLYGRAPHY

Any reference library requires some works of a general nature; the larger the library and the greater its reference and bibliographic responsibilities, the more of these it may need for cataloging and reference purposes. In general, the Army Medical Library reference collection will be kept as small as efficient service will allow, on the theory that the Library is not a universal library with universal needs.

The Library will have the basic modern national and international encyclopedias (e.g., Larousse, Brockhaus, Britannica) in the latest or best editions only; older encyclopedias are required only if they are monuments in the history of learning which are still important for the study of the history of science (e.g., Diderot, Ersch & Gruber, Fedler). Similarly, the best modern dictionaries in all generally used languages are needed. In minor languages, bilingual dictionaries are sufficient.

Publications of academies and learned societies will be acquired when the academies contain medical sections specifically. The Proceedings and other serial publications of learned societies and academies in general prove to be richer sources of medical or cognate information in the 17 - 19th centuries than in the later ones, and the Library's collecting policy will reflect this difference. Each such publication should be judged on its individual values for the development of medical thought; this literature, therefore, may be collected fully or selectively.



The same principles apply to the publications of international congresses in other than purely medical fields.

On the other hand, yearbooks, almanacs and general directories are necessary guidebooks to the world of learning, and the Library will collect these at a research level. Apart from their reference use, where the latest editions are indispensable, these publications have retrospective importance for cataloging and bibliographic reference.

Popular medical almanacs need be acquired in samplings only.

The Library will eschew temptations to collect widely in the history of science in general. The histories of sciences ancillary to medicine will of course be collected; beyond this the Library will limit itself to general survey histories (e.g., Sarton, Thorndyke, Taylor, Ormsby), leaving primary responsibility for this field to the Library of Congress.

B - PHILOSOPHY - RELIGION

B - Philosophy.

The Army Medical Library needs only a few background works in general philosophy, mainly because of the influence that philosophy (especially logic and cosmology) has had on medical thinking. For the rest the physician may read his philosophy at home; he need find in the Library only enough to be sure of his definitions. A skeletal collection for this subject is adequate.

BF - Psychology.

The Library will have only a skeletal collection in pure psychology, and a reference collection in most of the other portions of the field of psychology. This Library is primarily a library for the medical, and not the psychological, profession; other collections, notably that of the Library of Congress, exist to give service in the literature of pure psychology.

In general, there are two principles which will aid in determining the extent to which the Library will collect material from the walter of psychological disciplines: a) the extent to which the discipline is applied to the understanding of pathological conditions; and b) the extent to which the discipline is founded on scientific methodology.

Because the Library of Congress Classification has not been able to keep abreast of the rapid development in the field of psychology, the following analysis is based on the classification scheme used for Psychological Abstracts:

1. The Army Medical Library will collect extensively (research collection) in:

- a. Physiological psychology (e.g., brain stem response to stimuli);
 - b. Receptive and perceptual processes (e.g., adaptation in human vision);
 - c. Certain behavior deviations, such as speech disorders, psychoneuroses, and the physically handicapped (e.g., speech in organic brain damage; pathological lying).
2. The Army Medical Library will collect a fairly large amount of the literature (a reference collection) on psychological tests and testing; child psychology and development; intelligence; sociology, general education, etc.
 3. The Library does not need more than the barest minimum (skeletal collection) in general psychology, and a reference collection in industrial psychology.

Of some importance is the subject sometimes called "human engineering," that is, the relation of man to his machine, a new field of applied science which draws its data from psychology, anthropology, biophysics, engineering, and many other sources. It is of particular importance to the Army Medical Library because within the Army the subject has been assigned as a responsibility of the Army Medical Service, whose mission could not effectively be carried out without a collection of pertinent literature. Material in this field will be collected at the research level.

In the field of the psychology of primitive races and religions, all that is needed is a small collection (a reference collection) on those forms - e.g., magic and demonology -- which have psychiatric implications.

C, D, E, F - HISTORY

The Library requires only a few classic reference works and dictionaries in CB (history of civilization and culture); D (universal and old world history); E-F (American history); but the collection of general biographical works (e.g., the D.N.B.) should be adequate to the requirements of research in the history of medicine, and to the demands of scholarly cataloging; works on aboriginal mortuary customs (E 59.M 8) will be collected on the reference level for their contribution to knowledge of primitive psychology, embalming, the role of the priest as medicine man, etc.; the special subjects of disease and medicine among North American Indians (E 98.D 6 and E 98.M 1) will be collected exhaustively.

G - GEOGRAPHY - ANTHROPOLOGY

G - Geography.

The Army Medical Library requires only those atlases, gazetteers, maps, etc. which a reader expects to find in any public library and which are essential to bibliographical research in a scholarly library.



GF - Anthropogeography.

The Army Medical Library requires a reference collection only on the distribution of mankind (GF 101); specific works relating to disease, to race, or to population class elsewhere.

GN - Anthropology.

The Army Medical Library recognizes that primary responsibility for anthropology is shared by the Library of Congress and the Smithsonian Institution. Hence, only a working collection is required in most branches of the subject. Collections at the research level are desirable, however, in those branches of anthropology which bear upon anatomy and physiology (GN 171, GN 181, GN 191, GN 221-251); and because of the concern of the Armed Forces in physical measurements, a research collection is required in anthropometry (GN 51-70; GV 435). Finally, an exhaustive collection is indicated in the medicine of primitive people (GN 477).

GR - Folk-lore.

The Army Medical Library requires an exhaustive collection in the folk-lore of medicine (GR 880).

GT - Manners and Customs.

The Army Medical Library requires an exhaustive collection in GT 6330-80, customs relating to physicians, surgeons, etc.

GV - Sports and Physical Training.

The Army Medical Library requires an exhaustive collection on physical training for physically defective persons (GV 3577), and a research collection in physical measurements (GV 435) and physical tests (GV 436).

H - SOCIAL SCIENCES

The Army Medical Library will collect certain materials in the field of the social sciences for at least four reasons:

1. Historical interest. The earlier physician was often a worker in what we would today consider another profession. If this were the only reason for collecting in the social sciences, however, the Army Medical Library would be ill advised to keep the collections, much less to add to them.
2. The calls on the present-day physician to exercise his functions on large groups - for example, prisoners, school children, workmen, and the like. For the best work here, the physician must have material on such topics as vital statistics (HA-HB), workmen's insurance (HD), the education of the blind (HV), and disaster relief (HV). In most of these fields the Army Medical Library need not collect beyond the reference collection, though occasionally (as in vital statistics (HA)), a research collection will be needed.
3. The responsibility of the physician to practice his profession through social agencies which have been created to administer to



the sick, the infirm, the exceptional, and the abnormal. In order to meet this challenge effectively the physician must have access to information on these social agencies and on general socio-economic conditions. A good medical library must, therefore, contain some works on the many public and private agencies of society (HW), on criminology, degeneration, and the like. The Army Medical Library need collect only a skeletal collection in the form of directories, quick reference works, generalized treatises, and the like, and should refer readers to other federal libraries (such as the Library of Congress and the Office of Education) who hold primary responsibility for this area.

4. The scientific contributions which the physician makes as physician in fields (such as the family (HQ), the alcoholic (HW), the drug addict) which are a joint responsibility of the medical and another profession. In certain sections of this field, namely, those portions of the HQ table dealing with sex in its genetic aspects, and the HW sections on the feeble-minded, the alcoholic, and the drug addict, the Army Medical Library will collect extensively (to a research level).

J - K - POLITICAL SCIENCE AND LAW

The Army Medical Library recognizes that the Library of Congress is the natural depository of political science and law. Consequently, reference collections only will be attempted in Food and Drug and public health law and administration, both national and international; except that medical jurisprudence, that is, the application of medical knowledge to legal problems, will be acquired at a research level.

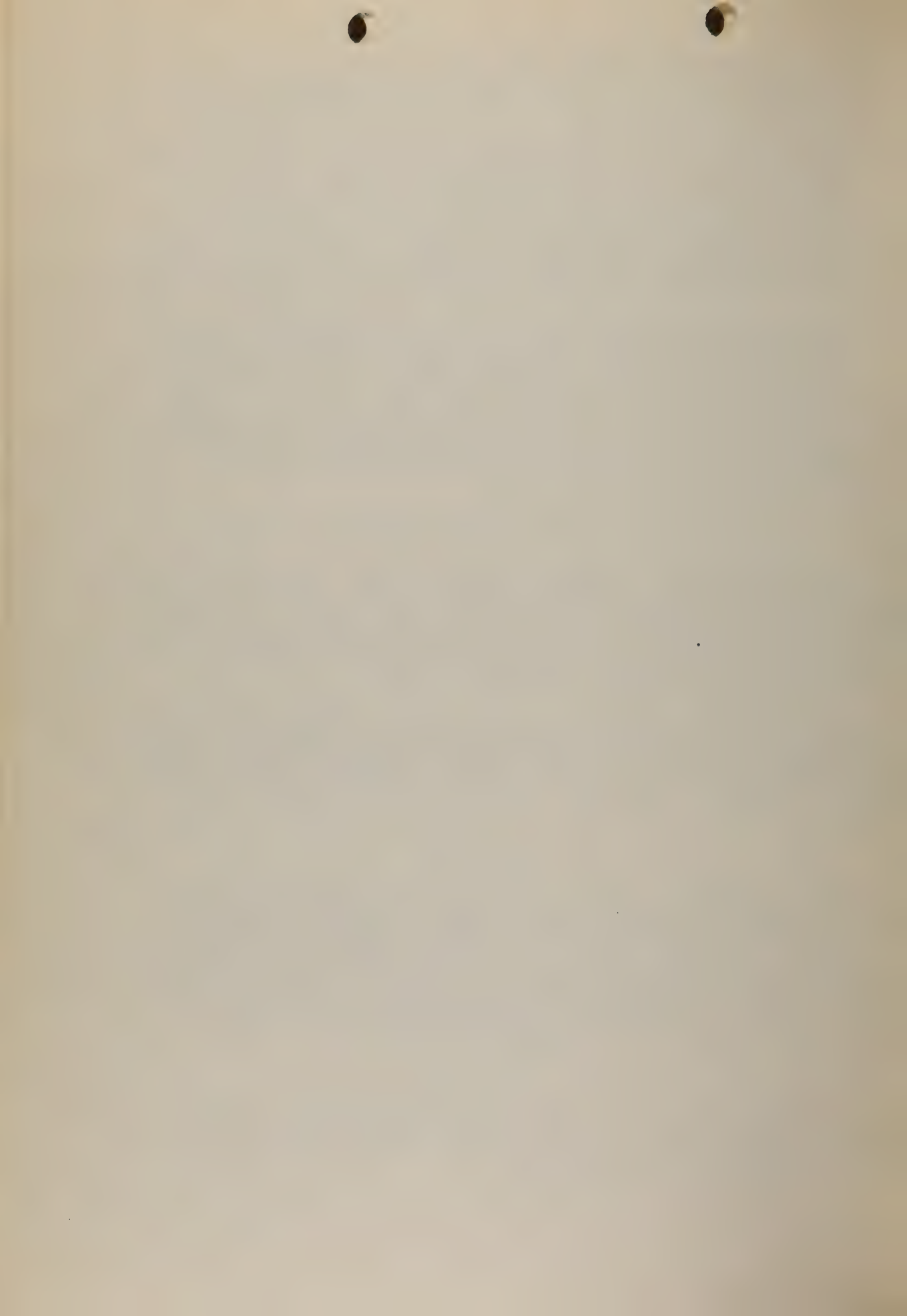
The Army Medical Library is concerned with secondary materials in these fields, i.e., with books about medical jurisprudence, etc. Regulations of laws, etc., are left to the Library of Congress, to the Food and Drug Administration, and other appropriate agencies whose primary concern they are.

L - EDUCATION

The interest in education in a non-academic medical library is rightly on the applications of medical theories to existing situations, e. g., school hygiene, mental tests, education of defective children; and of the use of educational statistics for medical purposes, e. g., anthropological and psycho-physical studies of the child. Of course, catalogs of schools of medicine, dentistry, pharmacy, nursing, etc. will be exhaustively collected, as well as student publications of these schools.

N - FINE ARTS

Architecture is of interest to medicine only when it concerns medical and public health buildings. The Army Medical Library need not collect any other works on the subject.



Art anatomy, in its truest sense, is surface anatomy viewed dynamically. It is used by students of medicine and medical illustrators, as well as artists. It will be collected at the research level.

P - LITERATURE

The Army Medical Library will not collect medical fiction.

In general, the PA class is viewed by this Library as part of the History of Medicine, and not as literature per se, and therefore is found in the R and W schedules.

Q - SCIENCE

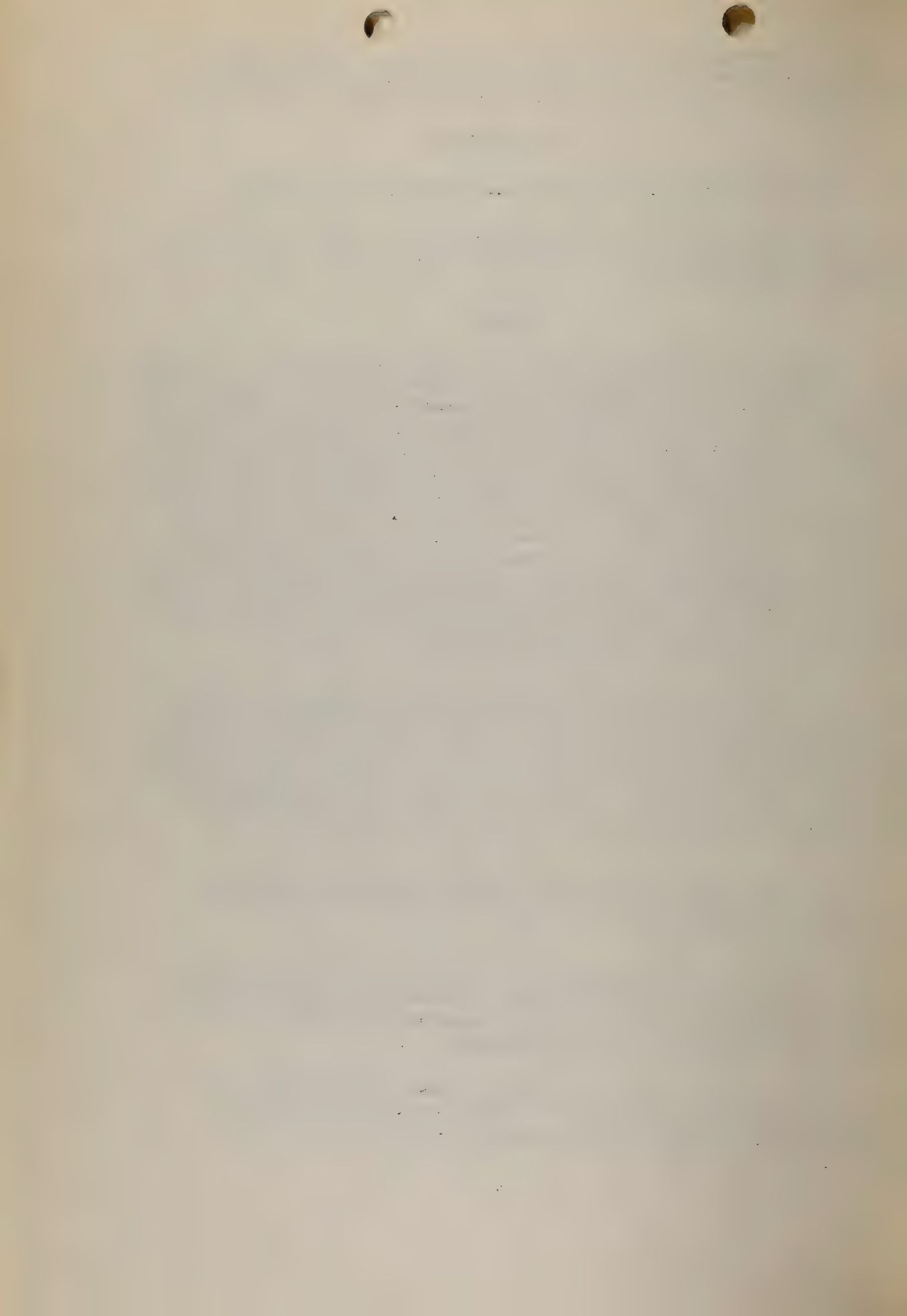
Many works labelled as "general science" contain larger or smaller amounts of literature on medicine and its auxiliary sciences. In particular, earlier scientific publications are more likely to be undifferentiated in this way than are later ones. While it is manifestly absurd to set up any exact rule of what to acquire, spelled out to percentages, it is felt that the serial publications of the great learned societies before 1800 should be collected quite extensively, and that later publications should be acquired only when an entire section is devoted to medicine or when a substantial number (say, roughly, a quarter) of the articles scattered throughout are on medical or para-medical topics. This will also be the guiding line for collection of international congresses (Q 101), except that here the general policy will be interpreted more liberally, since the collection of reports of international congresses in the Army Medical Library has reached such stature that it would seem desirable to maintain and augment it.

The historical connection between medicine and general science is one reason why some material on the history of science and biography of scientists should be collected by the Army Medical Library (Q 125-130). Here again histories of early science are more likely to contain material important to medicine than do histories of later periods. Another reason for collecting material on the history of science is to be found in the eclectic nature of medicine, which borrows extensively from all the sciences.

For the latter reason, also, material on the nomenclature, terminology, and philosophy of the sciences should be acquired in a minimal fashion (Q 175-179).

It is believed that students of foreign languages should not expect to find material for their studies in the Army Medical Library. For that reason a collection of science readers for the study of foreign languages (Q 211-219) will not be undertaken.

Such general tables and groups of handy information as the Chemical Handbook or the Engineers' Handbook will be necessary for reference purposes. These, however, may be weeded as new editions appear.



QA - Mathematics.

The Army Medical Library will keep tables of mathematical constants (logarithms, or trigonometric functions), a few works on the presentation of mathematical facts (graphic methods, QA 90), and a general review work on each of the portions of the field of higher mathematics (calculus, probabilities, trigonometry) which is important to exact experimentation and to the collection of vital statistics. (For statistical theory and methods, see HA 29-33.)

QC - Physics.

Because the science of physics is basic to the development of many of the instruments and methods of medicine, the Library must contain some general works in physics to serve as background to the particular applications of physics to the medical sciences. Classically, these applications have been in sound (for hearing), light and optics (for research on eyesight and on such instruments as microscopes and ophthalmoscopes), and electricity (for treatment through static electricity). Therefore a skeletal collection in general works (QC 21), instruments and apparatus (QC 53), sound (QC 222), heat (QC 254), thermometry (QC 271), optics (QC 355), electricity and magnetism (QC 518), is required. Books on optical instruments and apparatus of medical application (QC 371) will be collected at the research level.

The importance to medicine of other branches of physics has increased greatly in recent years; a knowledge of X-rays, for example, is now implicit in a physician's education; the use of radioactive elements as tracers and for therapeutic purposes is a new medical field of potentially great significance. The Library will therefore collect enough of the background works in X-ray written from a physical point of view to give the physician an understanding of their medical uses, and enough background material in the physics of radioactivity to give the reader a grounding from which he can study its medical applications without going outside the Library. The collection in X-ray (QC 481) and in the clearly medical aspects of radioactivity will be at the research level, but the temptation to accumulate a large number of non-medical works on radioactivity will not be indulged.

QD - Chemistry.

In the field of inorganic and physical chemistry, the Army Medical Library needs only one or two works in each of the main subdivisions of the field, together with the pertinent tables of chemical constants. Several works on colloidal chemistry and on the determination of hydrogen ion concentration should also be stocked. The Army Medical Library does not need to have anything but the barest minimum in this field. Similarly, electrochemistry and thermochemistry need only be collected in a minimum fashion. Systematic weeding of older works should take place. Selected topics in organic chemistry (e.g., proteins, alkaloids, carbohydrates) should be collected at the reference level because of their bearing on biochemistry. Biochemistry itself is covered in the Army Medical Library's classification QU and would, of course, be collected as completely as possible.

The chemistry of food is appropriate to the collections only as it concerns nutrition, problems of growth, weight, and physiologic processes. The problems of food spoilage, fermentation, etc. of themselves are outside the Library's concern.

QH - Natural History.

The section of the Library of Congress classification scheme which is devoted to natural history includes a number of diverse topics. Some are entirely outside the scope of a medical library, but others touch on medicine tangentially at several points. In this field, too, the date that a work was published has significance. As has been pointed out, early works on science in general contain much on medical matters. In the same way, early works on natural history - particularly reports of natural history expeditions before the middle of the 19th century - contain much on anatomy, physiology, and disease. These should be acquired with some liberality, while later ones can either be ignored or pertinent sections obtained.

Microscopy is a field which is important to medicine only as a means to an end. Enough of the publications in this field should be acquired to give the physician a mastery of the technical aspects of the microscope and the methods of preparing material for histology, cytology, and other similar fields. For the same reasons, material on the photography of microscopic material should be obtained. A reference collection.

Only general works on biology will be kept in the Library. A few general, up-to-date, and quite inclusive texts with the pertinent reference tools on the subject (lists of laboratories, apparatus, etc.) should be sufficient.

In the sub-fields of evolution, genetics, and heredity, however, the Army Medical Library has the responsibility of acquiring a larger amount of material. This is due to both the historic connection of evolution and the physical study of man and the usefulness of a knowledge of evolutionary trends in the explanation of human anomalies. Not everything in this field should be included, however, in that much of it refers to plant, rather than animal, life. A reference collection, with greater coverage when the emphasis is largely medical.

QL - Zoology.

Material on zoology is collected by this Library, not solely for the information contained in the works, but also as a means to the end of comparing human and sub-human development. For this reason, large collections in comparative anatomy and embryology (a research collection) and an exhaustive collection in medical zoology (QL 99) will be built up; while material on invertebrates (QL 362-66) and general works on vertebrates (QL 605) will be collected in smaller amounts.

Q - Anatomy)
 QP - Physiology)
 QR - Bacteriology)
 Q - Medicine)

Those portions of these
 schedules which are pertinent
 to medicine are replaced in the
 Army Medical Library by the special
 schedules listed below, all of which
 comprise an area in which the Army
 Medical Library collection will be
 exhaustive.

QS - Human Anatomy
 QT - Physiology
 QU - Biochemistry
 QV - Pharmacology
 QW - Bacteriology and Immunology
 QX - Parasitology
 QY - Clinical Pathology
 QZ - Pathology
 - General and Miscellaneous
 Material Relating to the
 Medical Profession
 RA - Public Health
 RB - Practice of Medicine
 RC - Infectious Diseases
 RD - Systemic Diseases
 RE - Musculoskeletal System
 RF - Respiratory System
 RG - Cardiovascular System

WH - Hemie and Lymphatic Systems
 WI - Gastrointestinal System
 WJ - Urogenital System
 WK - Endocrine System
 WL - Nervous System
 WM - Psychiatry
 WN - Radiology
 WO - Surgery
 WP - Gynecology
 WQ - Obstetrics
 WR - Dermatology
 WS - Pediatrics
 WT - Geriatrics
 WU - Dentistry. Oral Surgery
 WV - Otorhinolaryngology
 WW - Ophthalmology
 WX - Hospitals
 WY - Nursing
 WZ - History of Medicine

S - AGRICULTURE

The Army Medical Library recognizes the pre-eminence of
 the Department of Agriculture Library in this field, and finds it
 necessary to collect in only a few branches of the subject, notably
 in medicinal and poisonous plants, food inspection, and veterinary
 medicine, and only at the reference level. The declining interest
 of the Armed Forces in animal care and treatment suggests that the
 existing collections may be weeded to advantage, with due considera-
 tion of the historical connections between human and veterinary
 medicine. The continuing responsibility of the Armed Forces in the
 field of food inspection necessitates considerable duplication of
 the Department of Agriculture's concern with food inspection as a
 public health problem; a strong reference collection is desirable.



T • TECHNOLOGY

Sanitary engineering (TD) is the branch of technology of chief interest to the Army Medical Library. Here it must be remembered, first, that sanitary engineering is only newly independent of the medical profession which pioneered the public health movement, and that consequently the older literature of the subject is inextricably mixed into medical literature; and, second, that the military status of the Army Medical Library involves responsibilities for such subjects as water supply and sewerage which are of less concern to other medical libraries. The Army Medical Library will therefore require strong reference collections in these branches of sanitary engineering, and a research collection of the general history of the subject, and of periodicals and congress proceedings.

In the other branches of technology, the Army Medical Library need look out for only the specifically medical applications, such as aviation physiology and psychology (TL 555), mine rescue work (TN 297), and medical photography (TR 705), all of which should be collected exhaustively.

Dietary studies (TX 551-560) should be collected at the research level, not only for their value to the medical research worker in the field, but also for the use of nurses, dieticians, hospital administrators, and others in the Armed Forces.

Some books on materials such as plastics, ceramics, and metals used in prosthetic, surgical, and dental devices are appropriate to a medical library. The particular materials and devices in question will determine whether or not particular works are admissible. (Cf. the W schedule.)

U - MILITARY SCIENCE

V - NAVAL SCIENCE

Because of the relationship of this Library to the Armed Forces, it is necessary for it to acquire more material in the field of military science than is usual in most medical libraries. All material on military, naval, and aeronautic medicine will, of course, be made part of the collection. In addition, all scientific publications of the medical departments of the Armed Forces should be preserved, even though some of the subjects are only quasi-medical in nature. In addition, those basic works on military science which contain sections about medical components should be obtained on a selective basis, and weeded as superseded. As reference tools for the use of such publications, pertinent directories, lists of places and persons connected with medical departments of the Armed Forces, and histories of certain army, navy, and air force groups should be procured. Equivalent foreign publications should be obtained wherever possible.

2 - BIBLIOGRAPHY

The Library's collecting policy in the field of bibliography must be strongly influenced by the Library's past and present position among scholarly libraries. The needs of the staff, therefore, are here more to be considered than the likely public use of the books. In general, the Army Medical Library requires a well-rounded reference collection on the book arts, the book trade, library history and management, bibliographic techniques, library procedures and general bibliography. Catalogs and bibliographies of early books are required in greater strength to illuminate the Library's important collections and to facilitate the tasks of describing and analyzing them adequately. Here a research collection is required.

In the narrow fields of medical publishing and bookselling and in medical and related library management and librarianship the collections should be at the research level. The bibliography of any subject regarded in scope is per se proper, according to the degree of completeness to which the subject is collected. Thus, any bibliography of pathological psychology (BF 173) is in scope, because the Library wants an exhaustive collection in that subject; however, a slight bibliography of organic chemistry (QD 251) would be disregarded, because the Library seeks only a reference collection in that subject, and by definition a reference collection encompasses only a "comprehensive bibliography."

4. Special areas.

- a. Responsibility as part of the Armed Forces. Army Special Regulations 345-920-1 (15 March 1949) designates the Army Medical Library as a record depository for certain types of publications issued by the Army Medical Service. Permanent files maintained at the Library will include the following:

- (1) One copy of each publication issued by any administrative unit of the Office of the Surgeon General.
- (2) One copy of each publication issued by the Surgeon of any Army Headquarters or Overseas Command. This includes "hospital newspapers or periodicals published primarily in the interest of patients or duty personnel; copies of professional or technical reports of hospital staff meetings; copies of reports of experimental studies or research carried out at the hospital."



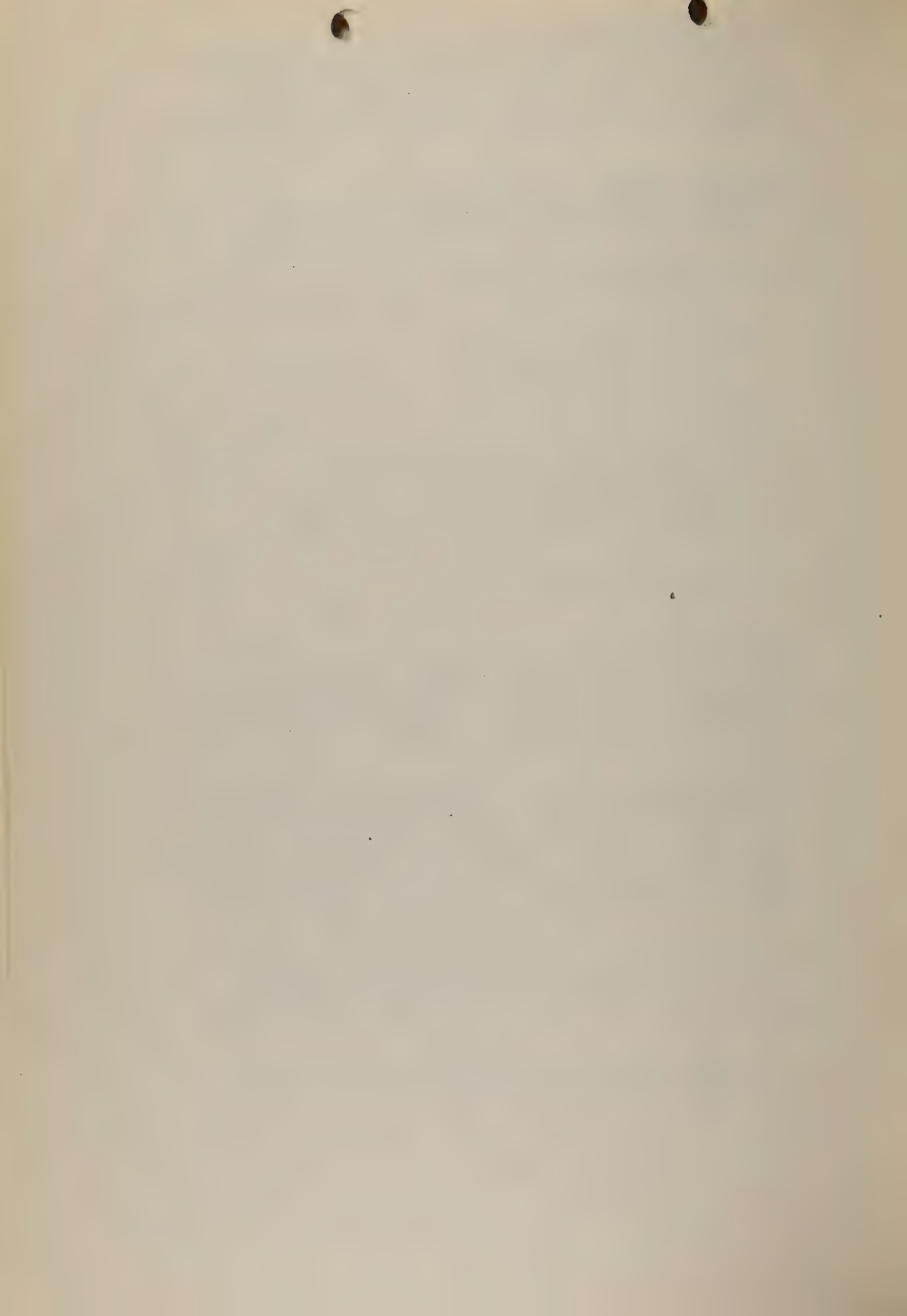
- b. Government documents. The Army Medical Library is in fact, if not in name, the National Medical Library. As such, it must collect all government documents on a state and local level, as well as on a national level, which pertain to medicine as defined in paragraph 3 above.
- c. Library archives. The Army Medical Library will preserve the archives of the Library in accordance with the recommendations of the National Archives:
- (1) Organization and administrative history of the agency;
 - (2) The policies it followed and the reasons for their adoption;
 - (3) Its working methods;
 - (4) Its specific individual transactions, including personnel service, so far as they established a legal status of any kind, or as they may be presumed to have a general and continuing interest;
 - (5) The general social, economic, or other conditions with which the agency dealt.

The History of Medicine Division will function as official archivist of the Library. The files of the Library will be periodically examined by the History of Medicine Division, and important documents will be extracted, calendared, and preserved.

- d. Art Collection. The Art Section, presently assigned to the Catalog Division, is eventually to be a section of the History of Medicine Division; the emphasis of its collecting policy is therefore historical. It is not concerned with visual materials used in clinical medicine; these are in the province of the Medical Illustration Service, Armed Forces Institute of Pathology.

The Art Section will include all varieties of visual material (paintings, prints, photographs, drawings, posters, cuts, slides, etc.) relating to the history of medicine.

- (1) First emphasis will be placed upon development of the portrait collection;



- (2) Second emphasis will be placed on collecting illustrations of medical institutions;
- (3) Medical caricatures, pictorial broadsides, and similar curiosities illustrative of the social history of medicine will be added to the existing collections, recognizing always that for the Library subject value is of more importance than artistic merit.

e. History of Medicine. The policies set forth in Appendix I will serve as a basis for Library policy.

5. Affirmation of previous decisions.

- a. Fiction: As works of medical fiction are freely available to research workers both in and out of Washington, the Library's previous decision not to collect in this area is affirmed.
- b. Translations: All translations from a foreign language into English will be sought after and acquired. All translations from an unfamiliar to a familiar language as, for example, from Arabic to French, will be obtained. In the case of translations from English to a foreign language, however, only a limited number of examples of the more important works will be acquired.
- c. Bibliographic variants: The policy on the collection of certain variant editions is here modified and redefined. (The policy on variant editions of rare books as defined in Appendix I is affirmed; the following applies to bibliographic variants of the 20th century.) Where a book is published simultaneously in two or more places from the same plates but with different imprints, as is likely to be the case in British, Canadian, and American works, the Army Medical Library will not attempt to acquire more than a single imprint.

6. Use in reshaping the collections. The definitions of scope given in paragraph 3 above, with due consideration for the many intangibles and limiting factors set forth in the paper attached to this Order as Appendix II, will be applied in an effort to reshape the collections, both by pruning and by discovering and correcting previously undeveloped areas.

7. Priorities.

- a. Serials are the most important material acquired by a research library. Prime emphasis will be placed on this area.



- b. Current and recent monographs will be vigorously sought after.
- c. Monographs of the 19th and early 20th (up to 1920) centuries will be acquired as offered.
- d. Early and rare books will be acquired according to the principles outlined in Appendix I. Fiscal controls, announced from time to time, will be used to establish limitations in this area; it will be general policy not to exceed 10 percent of the total book funds in the purchase of rare books.

Frank B Rogers

FRANK B. ROGERS
Lt Col, MC
Director

Attached:
Appendix I
Appendix II



SCOPE AND COVERAGE IN THE HISTORICAL PORTION OF THE LIBRARY*

By
William Jerome Wilson
Chief, History of Medicine Division

In 1948, when the History of Medicine Division undertook a microfilm acquisition program aimed at rounding out the Library's collection of early medical texts, the time seemed ripe for a fresh evaluation of its entire acquisition policy with respect to historical materials. It is on this reassessment, made under the impact of the new techniques of documentary photography, that the present paper attempts to report.

GENERAL ACQUISITION PROBLEMS OF AN HISTORICAL LIBRARY

In an historical library with fixed chronological limits, an active program of acquisitions is increasingly difficult to maintain. New books, in the strict sense of the word, are unobtainable. Accessions, in such a library, consist usually of copies of additional old books that appear from time to time in the auction catalogs and in the offerings of second-hand dealers. The prices are high, and because of the increasing rarity of the items they seem destined to go higher and higher. Only extraordinary endowments or appropriations can stand the strain of a really active acquisition program in any of the rare book fields.

One answer, though not a perfect one, is possible through the photographic reproduction of books. For years it has been evident that the photocopying of texts in other libraries had important possibilities not only for the reference division but also for the acquisition division of an historical library. As yet, however, its possibilities as an acquisition tool have not been fully exploited.

*This paper stems from a paper read before the 6th Annual Meeting of The Association of Honorary Consultants to the Army Medical Library in 1949; it will appear in greatly expanded form in early issues of Library Quarterly.

Appendix I

The real hindrance is the large intellectual effort necessary for its effective use. The first problems to come up, when such a program is launched, are those of scope and coverage -- what range of subjects to include, and how completely to represent the existing literary traditions as to each subject chosen.

In the Army Medical Library, confined as it is to medicine, there is considerable difficulty in delimiting the field and deciding how many of the fringe subjects should be included. The question of the completeness of coverage is equally baffling. Manifestly, not every medical and near-medical record can be collected, even with the aid of microphotography. What degree of completeness, then, ought to be attempted? Shall the library try to cover with equal thoroughness the early centuries when books were copied by hand, the first hundred years or so of printing when the scribes and the printers still competed with each other, and the more recent centuries in which the printing press reigns supreme and its output is overwhelming?

THE SCOPE OF THE MEDICO-HISTORICAL COLLECTION

The Basic Literature of Medicine. Defining the scope of a medico-historical collection involves a number of close distinctions. Medicine, it is commonly said, is both a science and an art. "Art" in this case, however, denotes not an esthetic but a technological aspect. It is what the medieval writers commonly called "practica" as distinguished from "theorica." A generation just past would have called it an "applied" as opposed to a "pure" science. The two things -- call them science and art, theory and practice, or what you will -- constantly react upon each other and actually cannot exist without each other. And yet medicine proper in its most characteristic aspect would seem to be a technology. It has concerned itself, in all ages and all countries, with such matters as diseases and wounds, symptoms and diagnosis, treatment and remedies. These constitute the great main core of a medic-historical collection. They are medical subjects in the most typical sense, and on them an institution like the Army Medical Library must concentrate its primary attention.

These subjects tend to divide under numerous subheads, all of which are still unmistakably medical. Surgery is one of the great main branches, and dentistry is an important branch of surgery. Treatises on the fitting of eye-glasses, the training of deaf-mutes, and the correction of posture or foot defects all deserve to be included in a medico-historical collection. What, however, of veterinary science? Is animal medicine a medical subject? Put in this form, the question answers itself. In practice, the matter is one of definition simply. If a collection is dedicated to the records of human medicine only, then animal medicine is excluded. If it is dedicated to medicine generally, then veterinary science is a part of it.

Appendix I

The Literature of the Medical Sciences. Next to the straight medical works, and equally indispensable in such a collection, are books on what are frequently called the medical sciences. These are intellectual disciplines, sometimes cultivated for their own sake and capable of standing by themselves in the hierarchy of knowledge, which have nevertheless so direct a bearing on the art of healing that they are often thought of as intrinsically medical. Anatomy and physiology, for example, are now and have been for centuries a universal requirement in a medical education. Physicians have made most of the advances in these sciences, and marked advances in them have been promptly followed by improvements in medical practice.

Some sciences, notably botany, were cultivated for centuries from a point of view similar to the medical sciences, such as anatomy or physiology. The Greek lore regarding medicinal plants was handed down through Dioscorides to the scholars of the Middle Ages and led to a long succession of herbals. These fascinating volumes, often profusely illustrated, set forth the appearance and habits of dozens of plants, followed regularly by information as to their medicinal uses. But with the establishment of the Linnaean classification, the science of botany presently broke away from medicine, and at the end of the 18th and beginning of the 19th century some herbals began to appear without mention of medicinal values. These, accordingly, fall outside the scope of a medico-historical collection. There is a certain irony about such decisions, since the later herbals from a scientific standpoint are better than the medical herbals that preceded them. Nevertheless, the later and better treatises are clearly out of scope.

Chemistry and physics had a somewhat similar development, though the details were different. Even the knowledge of the stars was considered by many in the 15th and 16th centuries to be a handmaiden of medicine. Works on "judicial astrology" and "critical days" were consulted by some physicians in an effort to determine in advance the course of an illness and the prospects of recovery. In the words of the Catalan mystic, Ramon Lul, reputedly a medical man: "The astronomer can give as true a judgment about a sick person as can the physician."¹ In the then state of medical knowledge this may, alas, have been true..

In these and other medical sciences the decision as to whether a particular work is in or out of scope cannot be made mechanically or on the basis of chronology only. It is necessary to examine the book itself and determine its purpose and point of view.

1. Ramon Lul, *Arbor scientiae*, Barcelona, 22 August 1482, f. 280v: "Astronomus potest dato ita verum iudicium de homine infirmo sicut medicus."

Appendix I

In strictly modern times the great sciences have become so vast that each has developed many specialties of its own, and some of these have close medical affiliations. In the field of chemistry, for example, the biochemists are constantly passing on new knowledge to the pharmacologists, and in the field of physics the radiologists are doing the same for medicine. Both biochemistry and radiology rely on the hospitals and the physicians for much of the experimentation on which their scientific progress depends. Circumstances may change, but at the moment these subspecies are in about the same position as was botany before 1800.

Near-medical and Part-medical Works. There is another end to this spectrum. All the older sciences had crude and magical beginnings, and the medical sciences were no exception. Back of the herbals -- and for several centuries contemporaneous with them as well -- there were elaborate treatises in Greek on the "virtues" of plants, of stones, of animals, of birds, and of fishes. In such works the effort toward classification may be recognized as a rudimentary manifestation of the scientific spirit, but the alleged virtues or powers are on the order of magical charms. Thus, a certain stone worn as an amulet may ward off weapons in battle; a certain fish properly prepared and eaten restore the memory; the juice of a certain plant protect from the plague, and so on. The student of historical developments will see here the background of the later sciences of botany, mineralogy, zoology, ornithology, and ichthyology, and will admit a slight medical slant in some of the so-called virtues; but one can hardly accord to such compilations the dignity of medical sciences. They have a little medical interest, and a comprehensive medico-historical library ought probably to contain representative samples, but they are far from being its primary concern.

In the same category are most of the works on alchemy -- predecessor of chemistry -- a two-sided science which sought in one of its lines of endeavor to find the philosophers' stone, a perfect medicine which should cure all the ills to which mankind is heir. Here to some extent is the language of physicians, but the content is almost pure magic. The same is true of most treatises on astrology, whose predictions are on the soothsayer's level, although some of them, as noted above, were employed in medical diagnosis. Not essentially different are chiromancy and physiognomy, which seek to foretell human fortunes from the lines of the hand or the shape of the head. Diseases are sometimes included among their predictions of disaster, but those are examples of soothsaying, not of medicine. For all such pseudosciences, as well as for the compilations of "virtues," perhaps the best designation would be "near-medical." In a medico-historical collection they are at best only fringe subjects.

Magic in its prescientific and pseudoscientific manifestations is not the only source of near-medical works. Sermons and theological treatises sometimes discuss problems of health and sickness, especially during epidemics. In 1468, for example, Domenico Dominici, Bishop of Braccia, composed a closely reasoned tract on the duty of the clergy in time of pestilence.¹ Was a prelate bound to stay with his people while a plague was raging, or might he flee to some safer place? Here is a matter with undoubtedly medical implications, but it is treated from an ecclesiastical point of view. The same is true of the lives of St. Roche and other patrons of physicians and of their patients. Liturgical works also include special prayers to be said for the sick.

Philosophy, likewise, makes its contributions. Petrarch's *Medicina utriusque fortunae* was frequently published and widely read, but let no one be misled by the title. This is not a treatise on medicine, but a philosophical discussion of good and bad fortune. The preface states the purpose of the work in terms suggestive of modern psychiatry, but in spite of its preface, the work falls not so much into the psychiatric class as into that popular and perennial genre which it is the fashion nowadays to call the "peace-of-mind books."² As far as medical interest goes, it is out on the fringes of the subject.

Somewhat different is Sebastian Brant's *Ship of Fools*. This is an interesting forerunner of today's illustrated "comics." It would seem at first to be completely out of scope, and yet it happens to contain a famous picture of a librarian wearing eye-glasses, one of the earliest known illustrations of those aids to poor vision. A medico-historical library is certainly justified in including at least one copy of the book.

Instances might be multiplied. What, for example, of the encyclopedias, universal histories, and other general works? Many of these contain one or more sections on medicine or physicians, and while seldom of large historical significance, these tell something of the profession as seen from an outside or general point of view. Works on the art of

1. Cf. D. M. Schullian, "A Manuscript of Dominici in the Army Medical Library," *Journal of the History of Medicine and Allied Sciences*, III (1948), pp. 365-370.

2. For a somewhat laudatory exposition of the work, in opposition to expressed opinions of Lynn Thorndike, see George Sarton, "In Defense of Petrarch's Book on the Remedies for Good and Evil Fortune," in *Isis*, XL (1919), pp. 65-99.

may be likely to have sections on the care of wounds and the sanitation of camps. Works on the culinary art may touch on matters of diet, and those on gymnastic training may give remedial exercises. Works on architecture often describe the construction of hospitals. Works on agriculture usually take up at some point the care of domestic animals, their diseases, and how to cure them. Compendiums of law sometimes deal at length with medical jurisprudence, attempting to set forth the legal rights and responsibilities of the practitioner. In all such texts there is some portion with genuinely medical subject matter, though it may not constitute a very large fraction of the whole. If one were seeking for them a different label from "near-medical," it might perhaps be "part-medical."

PRINCIPLES OF SELECTION FOR PRINTED BOOKS

General. Like the well-known apple-sorter, the director of a comprehensive acquisition project is faced with intellectual decisions all day long. After deciding which subjects to cover, he must decide how completely to cover them, and he soon learns that in such work no rules can be applied, woodenly to all types of records and all chronological periods. The era of manuscript transmission requires different treatment from the era of printed books, while some peculiar problems beset that century or so during which scribes and printers competed for the business of circulating the organized thought of the western world. Coverage will also differ as between medicine and the medical sciences, on the one hand, and the near-medical and part-medical works, on the other. Finally, there is the practical problem of balancing the two forms of acquisition, the expensive book and the cheaper facsimile, if both are available in any given instance.

Incunabula on Medicine and the Medical Sciences. Selection is easiest by far for books printed in the 15th century. Here there is one simple rule: "include everything." Incunabula are not too numerous at best, and it may be assumed that every genuinely medical item that has survived from the 15th century possesses some historical value. Many of the more popular works, however, were printed not once but several times. Shall a comprehensive collection aim to include, either in book form or on film, all known editions? That, also, of translations into other languages, as well as condensations, paraphrases, and commentaries quoting part or all of the original work? All of these, in a sense, are new editions, and the general problem here being raised may for convenience be called the problem of edition-coverage. How complete ought this to be?

For the 15th century books that are strictly within its scope the Army Medical Library is attempting to apply a rule of complete edition-coverage. The case for it is strong. If a new edition is revised, corrected, or enlarged



Appendix I

it obviously contains new historical matter, and ought to be represented in a comprehensive collection. A translation into another language is also important. Three points of historical value are obvious. (1) If it does not actually add any new matter, it at least will give the translator's understanding of doubtful or ambiguous points in the original. In this respect every translation is a critical interpretation. (2) To compilers of medical dictionaries, it is always interesting and instructive to see what happens to new technical terms in another tongue. Some are merely transliterated, others actually translated. (3) An edition in foreign language is clear evidence that a medical work has extended its influence into a new national or linguistic area. Condensations, paraphrases, and commentaries bear similar testimony to an author's widening influence, in addition to recording new information or shifts of interest and emphasis.

But what of the simple reprint? Of all types of new edition this is the most difficult to justify under a principle of complete coverage. By hypothesis the text is the same as that of the original edition. If so, why bother to secure a copy? The point is arguable, but I think that it is well, at least for the early centuries, to extend the edition-coverage to include mere reprints. If they can be obtained in microfilm form, the added trouble and expense is not very great. Three considerations seem to favor such a policy. (1) Even a reprint testifies to the breadth of the author's influence and so makes a slight contribution to his biography. (2) While the text remains the same, the introductory matter often changes. (3) There is always the possibility that a painstaking biographer will find minor but historically significant variants in an edition that has previously been considered a mere reprint of the original.

It may be permissible at this point to cast a wary eye toward that murky morass in which bibliographers -- usually working in centuries after the 15th -- struggle with vaguely identified "issues" and "variant states" and belabor one another with arguments about cancel title-pages, re-issues, simultaneous issues, broken type, and such formidable abstractions as "the ideal copy" and "the consistent unit." There is, of course, no cheaper humor than the merriment of a novice over a form of intellectual investigation which does not happen to appeal to him. I mention the difficulties and complexities of descriptive bibliography, not to scoff but to classify. The basis of such studies is the fact that typesetters in all ages have made mistakes and that early printers often caught misprints and corrected them while a work was going through the press. To attempt from such corrections to determine which copies of a given edition were issued first and which after is a perfectly legitimate exercise of human ingenuity, though some bibliographers have doubtless evolved more elaborate theories as to "the first issue of the first edition" than the evidence will support. The point of present interest, however, is this. Such investigations are of

value for the history of typography, but never, I think, for the history of medicine. It follows that a medico-historical collection may stop its coverage with the edition. It is under no logical obligation to go further and try to secure copies of all alleged issues. Issue-coverage -- if the term is not too barbarous -- may be left to the historians of printing and to any library catering especially to their needs.

Near-medical and Part-medical Incunabula. For strictly treatises, including those in the medical sciences, the edition is the lower limit of coverage, but for near-medical and part-medical works even edition-coverage seems more than can be justified. In a comprehensive library on the history of medicine one may reasonably expect to find all of the 15th century editions, let us say, of Bernard de Gordonio's Lilium medicinae, which was the most widely used general compendium on the subject in that period. Quite different must be the Library's attitude toward a general encyclopedia of the sciences, such as Bartholomaeus Anglicus, De proprietatibus rerum. This contains some significant passages on medicine and a good deal of background material of value to the medical historian. The work went through a dozen incunable editions in the original Latin, and there are a dozen more in other languages. The logical place in which to look for the whole series would be in a universal library like the British Museum, or better still, in some historical library aiming to cover comprehensively the history of the natural sciences.

Of all the early near-medical or part-medical works, probably the outstanding example is Pliny the Elder's Historia naturalis. It may fairly be classified in both of those categories. The quantity of medical information in this compendium is very considerable, though the quality may leave something to be desired. In general it reflects, not the higher levels of medicine as derived by the Romans from the Greeks, but the popular levels, well mixed with superstition and magic. There is also a great deal of information -- and misinformation -- regarding plants and herbs, minerals and metals, stars and planets, and others of our fringe subjects. Edition-coverage for such a work ought to be as generous as for any part-medical or near-medical treatise that can be named. As a matter of fact, at the Army Medical Library it is quite generous. Of the fifteen incunable editions recorded by Arnold C. Klebs in his Incunabula scientifica et medica, four are represented here in book form: the fifth, eighth, ninth, and fifteenth. Of the three incunable editions of the Italian translation the first and second are present, and there are copies also of seven later editions, including English and German translations, bearing dates of 1587, 1593, 1778-91, 1781-88, 1835-36, 1855-57, and 1856. Is this sufficient, or ought an effort to be made to secure in book form or on film the remaining twelve incunable editions?

Appendix I

Here again is a question that is endlessly arguable. On it I offer suggestions rather than decisions. The real question is not, I submit, "what it would be nice to have" or "what some scholar might some day ask to see," but rather "what it would be logical to expect in a comprehensive library on the history of medicine." If Pliny were a medical writer, we should want the entire printed record in order to illustrate the ramifications of his influence and the various additions and alterations that have been made in his text. Since he is not a medical writer but has only illustrative and background value for the history of medicine, it would seem sufficient, as a practical working solution of the problem, to content ourselves with two things: (1) an early edition, preferably the first if it is available, and (2) the best modern critical edition in existence.

These two would appear to be the indispensable minimum. If there is to be any extension beyond this coverage, obviously it ought to be in the second category rather than the first. As will be brought out more clearly below, the piling up of successive incunable editions will hardly bring us nearer to the original wording of Pliny's text -- which is usually what the medical historian wants when he consults a copy of the *Historia naturalis*. On the other hand, the precise purpose of a modern critical edition is to get back of all the variants that have crept into the manuscripts and the early uncritical editions, and to recover as nearly as possible just what Pliny wrote. If any new -- and presumably better -- critical text is ever published, the Army Medical Library ought to secure it. Here, rather than among the incunabula, is the place for complete edition-coverage of near-medical and part medical works.

Increased Selectivity for the Later Centuries. For the genuinely medical literature of the 15th century, then, it is not too ambitious to say, "Include everything that has survived." As a matter of fact the same principle may reasonably be applied to the 16th century as well. Beyond that point, if a comprehensive acquisition project still seems a feasible undertaking, there will inevitably be a tightening of the principles of selection. For one thing, scope will probably be defined more narrowly and the fringe subjects will be more and more rigidly excluded. In the 15th and 16th centuries medicine and its subsidiary and allied subjects were pretty much interrelated, not to say confused. In the 17th and 18th centuries the disciplines became much better distinguished. In the 19th and 20th the trend toward specialization became acute. It is probable, notwithstanding, that even today the sciences interact on one another about as much as they ever did. But thinkers and writers, when they deal with such interactions -- as, for example, between medicine and atomic physics or between medicine and aviation -- show more skill at concentrating on the precise points of medical concern. The result, as between the disciplines, is sharper contact and

less confusion than formerly. To put the matter a little differently, the director of a comprehensive medico-historical library, when he comes to take over for historical purposes the materials of the 19th and 20th centuries, will find most of the determination of scope already done for him through the refined specialization of science itself.

What will not have been so well done for him is the segregation of the historically significant from the insignificant. Here is a problem for archivists and librarians alike. Certain events or persons stand out in the course of history for their special contributions. They mark a new discovery, an improved method, a critical insight, an important change of direction. On the other hand, the great generality of events and of persons is routine and trivial. These the historian can only treat statistically, ignoring individual differences and contenting himself with generalizations as to the nature and significance of thousands or millions of similar persons or repetitive circumstances.

In documenting the outstanding events of the past the archivist or the historical librarian will make few mistakes. The records of a Vesalius, a Harvey, a Jenner will be well chosen and carefully preserved. But what of the ephemera, the trivia, the routine and repetitive publications? For example, the medical schools publish not merely annual catalogs and lists of courses but also a varied promotional literature. It all has a bearing, though often slight, on the history of medicine. Shall it, as far as it is available, be assembled either in print or on film? Shall it be assembled for the medical schools of Europe, Asia, Africa, Australia, and other American countries, as well as for the United States and Canada? Again, what of the medical journals and the reports of associations? Shall only those of national significance be collected or those of purely local significance as well? What of the reprints of separate articles? And what about biographies of physicians, their portraits, their obituary notices? If these are systematically collected, shall all medical men be included or only the most eminent?

PRINCIPLES OF SELECTION FOR MANUSCRIPTS

General. Back of the invention of printing lie the long centuries when all written records were copied by hand. Many of these have survived -- probably about a million volumes in all -- and for the director of a comprehensive historical library they offer a number of special problems. Manuscript texts of medical works are sometimes offered for sale by dealers, and copies of manuscripts preserved in public libraries can usually be secured on microfilm just as readily as the texts of printed books. In some ways their

selection, whether on film or as originals, furnishes more trouble and more misunderstanding as between dealers and librarians than ordinarily arises in acquiring printed books.

Because there are some manuscripts that command phenomenally high prices when they come on the market the impression at times prevails that a manuscript as such is necessarily important. This is far from true. After printing was fully established, hand copying became distinctly a second-rate technique and anything which failed of printing is likely to have been a second rate work. There were exceptions, preeminent among which will be remembered the notebooks of Leonardo da Vinci. Nevertheless, by and large, what was not printed probably did not deserve to be. We sometimes think of the accidents of history and the ravages of time as having exercised a random and unfortunate selection on the records of the past. There were accidents and there were ravages, yet after the invention of printing there was, through the day-by-day decisions of editors and publishers, probably more rational choice than accident in determining what records should survive through the medium of print.

It may be profitable first to consider some of the types of manuscript produced after the invention of printing, particularly after the process of printing became common.

Manuscripts Written After the Invention of Printing. One of the interesting types of modern manuscripts is the preliminary draft of a book that has appeared in print. It may be the author's first draft, with corrections. It may be the copy as it went to the printer -- usually in recent times a typescript. Such manuscripts, if the publication is duly famous, are frequently regarded as collectors' items, and to them are sometimes added the proof sheets as they came from the printer. In all such cases the importance of these preliminary stages depends on the importance of the publication itself. In the case of a very famous work, they have a good deal of interest, though this is obviously more sentimental than historical. They are like the mold in which a bronze statue has been cast or the scaffolding which has helped to support a beautiful building. It is the finished work of art that is important; the mold or the scaffolding is usually thrown away. If kept at all it has a secondary or derived value.

Still less encouraging are the manuscripts containing lecture notes. Of these the Army Medical Library has quite an array, most of them from the 17th to the 20th centuries. Some are the professor's own outline of his course. Others are a student's record, in the nature of things not too reliable, of what is said. It is of course, a commonplace in university circles that classroom lectures represent books not yet well enough organized to print. When recorded by means of a student's notes, they are likely to be even less



well organized. Such manuscripts are usually significant only if the professor was very illustrious or the student became so. There are such cases, but they are rare.

A disappointing type of manuscript is the simple copy of a printed book. This is likely to have originated toward the end of the 15th or the beginning of the 16th century, though some instances occur much later. In the Greek-speaking or Russian-speaking world they are fairly common down to the 18th or even 19th century, since in those parts of Europe the rise of printing was long delayed. At the time when scribe and printer were in competition and printed books, though cheaper than manuscripts, were still costly, an unpretentious scholar sometimes thought it better to transcribe a book than to buy it for his own use. Such a transcript is obviously less valuable than the book from which it was taken, since it is bound to contain some errors in copying. As a matter of fact, these manuscript copies of printed books are among the most annoying that modern librarians have to deal with. Since the copyist was seldom if ever a professional scribe, but was a private scholar making the transcript for his own use, he was apt to be careless about identifying the work. He was quite likely to omit place and date of printing, and fairly likely to omit the author. Of all the means of identification the title is the one most commonly preserved, but this by itself is not much of a clue. There is always a chance when such a manuscript comes on the market, that there is a hitherto unknown treatise on the subject. With this kind of hope -- which dealers seem to do little to discourage -- more than one librarian has bought such a manuscript, only to find after painstaking research that the entire text had been previously printed. Unless the manuscript copy contains additions, significant on their own account, to the published work, both the money and the investigative effort spent on the volume have been wasted.

Manuscripts Written Before the Invention of Printing. In its own proper period, before the invention of printing, the manuscript is a very different thing. Here it is the medium, practically the sole medium, for articulate records from the past. Pictures, statues, buildings, even monuments with inscriptions on them, tell but little regarding the actual thinking of earlier peoples. Manuscripts tell a great deal. If an early writer's own autograph copy has survived, we have his ideas preserved in his own language just as accurately as if the work had been issued in print, though it may be much harder to read. If the autograph has disappeared, later copies may have survived, but these, especially if several times removed from the original, may vary considerably. There are sure to be errors in wording, probably some omissions, and possibly some interpolations as well. The degree of variance does not depend mathematically on the number of copyings. One really careless scribe can do more damage to a text than a succession of a dozen skilled copyists.

Appendix I

Students of these matters sometimes make a distinction between "protected" and "unprotected" texts. The protection can only be accorded by some interested and continuing profession or organization. Thus, the government and the courts were concerned for the preservation of books of law, and the church and the monasteries had the same anxiety regarding the Bible. Alchemical or astrological texts, on the contrary, were notoriously unprotected. Here every fresh copyist seems to have felt almost like a new author, at liberty to select, omit, or alter at will. Medical manuscripts may be of either sort. After the rise of the medical schools toward the end of the Middle Ages, the texts of such eminent authorities as Hippocrates and Galen, Rhazes and Avicenna received a good deal of protection. On the other hand, works of popular medicine, as well as texts in the various fringe subjects, were more or less re-written at every recopying.

One of the prodigious efforts of modern historical scholarship has been to recover the original texts of the ancient and medieval writers. In the case of unprotected texts this is often an impossible goal; each new rewriting, though somewhat dependent on the earlier, has the practical value of a revised and enlarged edition or of a paraphrase or condensation, and contributes little to the recovery of the original author's words. But where the text tradition has had a reasonable degree of protection, critical study has accomplished a great deal, thanks primarily to the Germans, who in general have shown more aptitude for this minute and painstaking kind of scholarship than their French, English, Italian, or American colleagues. The task is far from finished; many minor writers and even a few important ones still await the so-called definitive edition. Nor has the work done been always completely successful; some passages in even the most carefully edited texts remain conjectural.

Textual criticism is a field for specialists. In any generation there are not likely to be, in the entire commonwealth of scholars, more than half a dozen real authorities on the text of the Aphorisms of Hippocrates or the Canon of Avicenna. There may not be more than one. There may even be none. Obviously, in fields so acutely specialized, casual judgments as to the "textual value" of a given manuscript are practically worthless. Its date is, of course, some indication, but far from conclusive. An early manuscript, if copied by an unreliable scribe, may have a worse text than a late manuscript that has been well "protected" at all stages in the transmission.

In this respect there is an evident difference between a collated and an uncollated codex. If a manuscript of Hippocrates, let us say, has already been used by Littré in his critical edition, then its presumable value for the text is known and can be reported on by anyone who can read and understand Littré. One need merely say, "This is Codex A in Littré's

list of Of course, the collated manuscripts are usually in public libraries and will not again be offered for sale. On the other hand, an occasional Hippocrates manuscript, hitherto preserved in a private collection and as yet uncollated, may come onto the market. How can this be appraised as to textual value? A reliable appraisal cannot come from a dealer, no matter how renowned, or a librarian, no matter how expert, or a cataloger, no matter how meticulous, or an historian, no matter how learned, unless the appraiser is also in his own right a specialist in text criticism. In fact, he must be a specialist in Hippocratic text criticism. An appraisal of an Hippocrates manuscript by an Avicenna text critic can be little more than an inspired guess unless the Avicenna critic is, or takes the trouble to become, also himself an Hippocrates critic.

One type of early manuscript, not an extremely large group and yet of some importance, contains minor unpublished treatises. The major medical works, one may assume, have all appeared in print at one time or another. Occasionally, however, a manuscript will contain a hitherto unrecorded tract on anatomy or veterinary science or some other medical topic. This any medical-historical library may well acquire, if it can afford it, in the hope that members of its staff or some other interested person may analyze the contents and perhaps publish the text of the piece. To do so will be a service to scholarship, though the chances are slight of finding in such a manuscript any historical pearl of great price. All things considered, however, this seems to be the type of manuscript on which the Army Medical Library may best concentrate its present program of acquisitions.

Manuscripts as Museum Pieces. For the acquiring of manuscripts there are fortunately several reasons besides their textual value. Any university library or other center of culture is justified in buying as many as it can afford, in order to illustrate visually the development of the scroll, the codex, and other forms which the book has taken, as well as the different styles of script. A beautifully illuminated manuscript, especially one with miniatures, has also a high esthetic appeal, which somehow has a way of getting itself reflected in the price. Any library seeking to acquire manuscripts for such reasons as these will naturally try to secure a variety of languages, alphabets, and subjects, with almost no regard for textual values. For this part of its collection there will be many lookers but few readers, and the reference service will not be heavy. The manuscripts will have essentially the quality of museum pieces.

1. Enile Hittore, *Oeuvres complètes d'Hippocrate*, II (Paris, 1840), p. 378. This critic at first designated his mss. by their library number, but a list of letter symbols is found in the middle of the second volume.

Appendix I

The assembling and aggrandizement of such literary museum is a legitimate and praiseworthy form of library activity, the extent of which is apt to be limited by availability of funds. It is more properly the concern, to be sure, of a large general institution like the Library of Congress, or of a university library with a wide sweep of interests, than of a specialized institution like the Army Medical Library. Nevertheless, whatever its main purpose, any collection of early manuscripts inevitably takes on something of a museum-like aspect, and the institution owning it will be tempted to make at least a part of its acquisitions with a view to enhancing that aspect.

That is true of "live" manuscripts, but microfilm copies are different. They are not show-pieces. No one leans over a display case and exclaims at the beauty of a roll of film. Occasionally a lecturer on illustrated books or on illuminated manuscripts may enliven his remarks by showing a few films, especially colored films, in a projection machine, but ordinarily they are used by historians for reading purposes only. If the historian is also a paleographer, he can read for himself the often difficult writing of a filmed manuscript. If not, he must depend on printed editions prepared for him by the textual critics.

Manuscripts on Film Here emerges an important distinction for the director of a medico-historical library. Film copies of printed books are collected for the use of historians generally. The clientele may be small and select, but at least it is a world-wide and more or less continuous. Film copies of early manuscripts, on the contrary, are collected not for the text critic but by him. In American universities it has become more or less the custom for a scholar of this sort to deposit with his library the final collection of his films or photostats. In some instances the library has purchased them in the first place, at his request, and merely takes them over when the work is done.

All this is instructive for the formulation of acquisition policies. Films of printed books may be "stocked," whereas films of early manuscripts should be secured only "on order." Such is the prevailing practice, and there is no reason to change it. With the development of the microfilming technique and the realization of its possibilities in the acquisition field, the question was bound to arise as to the coverage of early manuscripts. Sound reasons have been advanced for the complete edition-coverage of 15th and 16th century medical books. Why not, then, complete manuscript-coverage for the centuries preceding? The answer is, "No" and the reason is the difference in the quality of the product, the difficulty of its selection, and the nature of its use.

As for the quality, there is no question that print is superior. Manuscript copying became a second-rate technique as soon as the printing press

Appendix I

was fairly established, and this was true not only of manuscripts that happened to be made after the invention of printing but also of those made before. At once the world of scholarship began trying to provide every important author with a printed edition. When it became evident that manuscript texts of early works varied in reliability, the laborious process of critical evaluation began, with the obvious purpose of providing an ancient or medieval author with such an edition as he might have had if he had lived in the age of printing and had had access to a publisher direct. Textual criticism, in effect, tries to overpass the whole period of manuscript transmission and give the author at long last the protection of the printed edition.

The difficulty of selecting medical manuscripts for filming, if any large-scale program were attempted, is manifest. No librarian, even in a specialized historical library, would be capable of covering the field. Such selection can be properly done only by acute specialists working on particular authors or in limited subject fields.

There is no better illustration of this kind of work than the project to which Dr. Sigerist has already devoted many years of his life. While directing the Institute of the History of Medicine at the Johns Hopkins University, he spent several summers in Europe, carrying a Leica camera and visiting various libraries in which medical manuscripts were known or suspected to exist. He was seeking significant copies of early medieval texts, previous to the introduction of Arabic influences. The story of his researches is fascinatingly told and illustrates in vivid detail the methods and the vicissitudes of manuscript study -- here an unimportant copy of a well-known work, there a text requiring to be photographed for further investigation, yonder a collection of non-medical texts erroneously cataloged as medical, and occasionally the finding of a hitherto unknown work that must be published. Dear to his heart though the Welch Medical Library doubtless was, he was not seeking to add to its collections by these manuscript researches. He was gathering materials for Henry E. Sigerist to use in his projected history of medicine.¹

In all this I shall not be misunderstood as depreciating manuscripts on their own account. The million or so of early manuscripts in the libraries

1. Henry E. Sigerist, "The Medical Literature of the Early Middle Ages," in Bulletin of the Institute of the History of Medicine, II (1934), pp. 26-50; also "A Summer of Research in European Libraries," ibid., pp. 559-613. From time to time the travelogue is interrupted by a systematic discussion of some principle of manuscript study. If a sequel to these reports was ever published, it has escaped me.

Europe and America contain some of the most precious records which the human race possesses. But they are not suitable for mass microfilm acquisition on a broad subject basis by an institution like the Army Medical Library. Such microfilms are not historical sources in the ordinary sense of the term. They would be used practically by no one but textual scholars in preparing critical editions of ancient or medieval works. They could be properly selected for a comprehensive collection only by a succession of such specialists. After they have been so selected, however, and after the text critic has used them, they may with propriety be deposited in such a library as this where later scholars may at times consult them to verify details in the texts as published.

THE COLLECTING PROGRAM OF THE HISTORY OF MEDICINE DIVISION

Such a project as the Army Medical Library is attempting for the printed books in the field of medicine is large. Fortunately, however, it can be arranged to cover a century at a time. Many of the earlier policy decisions in the Division, while not made with this in view, have been of a character to facilitate it. The books have been shelved by centuries, the 15th, 16th, 17th, and 18th being alphabetized separately. The preliminary card cataloging, now commonly spoken of as checklisting, has also been by centuries. It was therefore only natural, when a comprehensive acquisition program was attempted by microfilming, that the centuries should be taken up one after another, beginning with the 15th and 16th. This breaks the project up into manageable segments and gives to it certain advantages.

For one thing, official authorization is more easily secured for a succession of limited objectives than for one huge program. Furthermore, each stage that is completed becomes something of an argument for undertaking the next. And finally, if through changes in the high policy-making personnel, through the drying up of appropriations, or by some other accident the project should later be abandoned, there might still be something to show for the work already done. If an undifferentiated project were begun on all centuries from the 15th to the 18th and then had to be halted in mid-course, it might be hard to present the partial results in usable form. But if the medical literature, say, of the 15th or the 16th century were selected, assembled, and listed, that much would be done and should be of service to historical scholarship even if nothing more were attempted.

Appendix II
Library Order No. 3
6 February 1951

SOME PROBLEMS OF SCOPE AND COVERAGE*

By
Joseph Groesbeck
Chief, Acquisition Division

The Army Medical Library has long taken all of the literature of medicine as its proper concern. Again and again we have said that our aim is to gather the whole of medical literature, wherever and whenever published, without regard to language, authorship, quality, or any other of the factors of selectivity which condition most library collecting. This stand was reinforced as recently as 1944 when the ALA Survey of the Library recommended acquisition of "all publications, in all languages, directly relating to the science of medicine." The Survey Committee went a little further, however, and qualified its broad recommendation in two ways: first, it suggested that in the "related sciences... strong working collections of the important books required for reference rather than research work should be selected with regard to existing collections and acquisition policies of other federal libraries"; and second, it suggested that "material already in the Army Medical Library which falls outside its fields...should be transferred to other government libraries."

At first sight these recommendations are clear and helpful. And so they have been, in the six years since they were pronounced; but they have been helpful rather because they raised questions than because they provided answers. They raised the question, first, of what should be comprehended by the phrase, "all publications in all languages, directly relating to the science of medicine." Does it mean all the catalogs and advertising matter published by all the medical supply houses in the world, all the announcements of every medical school, all the news letters of local medical societies, all primers of hygiene printed for the school children of Kamohatka?

No, if that statement is to serve in any measure as a guide for the Army Medical Library it must include only the scientific literature of medicine. Used in that sense, to mean technical medical publications, it is a clear directive. But it does not serve as a guide for the collection of minor society publications, local health reports, medical school announcements, and a host of other kinds of material which, while not scientific medical publications, are nonetheless appropriate to a medical library. The Survey Committee's statement is not an all-inclusive guide.

*Read at the 7th Annual Meeting of the Association of Honorary Consultants to the Army Medical Library, 20 October 1950, and to be published in the Bulletin of the Medical Library Association.

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Similarly, the Survey Committee's recommendation that the literature of the related sciences be assembled only as strong working collections for reference rather than for research work raises two immediate questions in application: first, what are the "related sciences" -- is psychiatry "related" or integral? -- what about psychology, veterinary medicine, sanitary engineering, bio-chemistry; second, what is a "strong working collection"?

In attempting to interpret and to profit by the recommendations of the Survey Committee, the staff of the Library has met these and other questions in endless number, as it has become increasingly apparent that the recommendations must be taken only as very broad policy directives which require detailed elaboration to be of day-to-day practical use. Last year the Director launched an effort to supply just that specific definition of fields and degrees of interest.

The Assistant to the Director, the Chief of the Reference Division, and the Chief of the Acquisition Division were constituted a committee to study and define the proper scope of the Army Medical Library collections. The draft report of that committee is in your hands.

As one of the committee whose report this is, I can tell you that we are not wholly satisfied with it, but we are convinced that at least in part it supplies the specific directions which were needed to interpret the broad recommendations concerning scope from which we started. For example, it defines publications "directly relating to the science of medicine" -- the Survey Committee's phrase -- as the literature of medicine, surgery, nursing, dentistry, pharmacology, osteopathy, chiropody, chiropractic, medical technology, physical therapy, and psychiatry. It indicates which are the "related sciences" by reference to a classification of knowledge, the Library of Congress scheme. Finally, it defines "working collections" in terms of the number and kinds of publications which should comprise such collections. As a result of this spelling out, we are today considerably closer to knowing what we think should be in the Army Medical Library than we were a year ago. We have not produced an ideal definition of an ideal medical library, but we have proposed a working definition of the proper content of this medical library.

In framing our definition we have learned that a medical library is many things to many men: to one worker it is a collection of journals and indexes and a few basic reference books in a narrow field of specialization; to another it is a comprehensive collection of reports on the government research projects on atomic radiation; to the general practitioner, the historian of science, the hospital administrator, it is as many other things. Let me give you one extreme but true example of the difference of opinion which condemns any definition of medicine before it is pronounced. Recently a Medical Officer of the Army who is studying the physiological effects of noise upon airplane crews called to ask

why the Library does not have the proceedings of a recent engineering conference on sound-proofing. I explained that while the effects of noise upon human beings were certainly our concern, we did not undertake to provide all of the engineering data necessary to a thorough study of the problem, and I pointed out that there are other libraries in Washington, even within the Department of the Army, which could and should give him that data. But he is a Medical Officer, and his assignment is a Medical Department assignment, and he met my logical explanation with a rhetorical question which is not without its own logic: "What the hell is medicine," he asked, "if it isn't noise abatement?"

The point of this story is that while no successful definition of a medical collection can be made without considering at every step the actual and potential users of the library, reader requirements cannot be the sole criterion of selection, and a special library is not all things to all men.

The Scope Committee has opposed the collection of non-medical books which are freely accessible to our readers in other libraries. We oppose collecting the engineering literature on sound-proofing which the Library of Congress and the District of Columbia Public Library make generally available in the Washington area and which the Bureau of Standards, the Army Library, and other special collections provide for qualified investigators. We do not believe that the philosophic works of Jean-Paul Sartre belong in our Library, although we recognize the applications of the existentialist school of philosophy to psychiatry, and admit Viktor Frankl's Der Unbedingte Mensch. We can have Freud without the tragedies of Sophocles.

In taking this stand we have followed the Survey Committee's recommendation that collecting outside the main fields of medicine should be done "with regard to the existing collections and acquisition policies of other Federal libraries." Again, this seems a simple, even an obvious, limitation. Our committee accepted it at the outset and resolved to be guided by it in our study. We began by thinking of the Federal libraries as comparable to the conglomerate of libraries which serves a university, and of the Army Medical Library as the medical library of the university, as the library of the College of Physicians and Surgeons is the medical component of the library system which serves Columbia University. But the analogy is unsound. The Federal libraries are not a federation of special libraries under single control, as are the libraries of a university. Most of them are, quite properly, working collections maintained for the use of particular departments of government. Some have no responsibility to preserve the literature of any subject beyond their present and foreseeable departmental needs. They vary greatly in size and significance and in their concepts of service. It quickly became apparent to the committee that with few exceptions only the collections and acquisitions policies of the Library of Congress and the Department of Agriculture need be regarded by the Army Medical Library in determining its own policy of collecting.

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Accordingly, the Scope Committee's recommendations concerning the degree to which the Army Medical Library should collect in all fields of human knowledge other than those medical by definition are made with regard to the collections and policies of the other two major Federal libraries; they are made also in recognition of the fact that the Army Medical Library must stand far more alone than does the medical library of a university.

Finally, the Committee has tried to remember in framing each specific recommendation the real present and future needs of the public the Library serves. This report is not an academic exercise; it is an attempt at very practical definition. As such, it is not to be expected that it will stand unaltered for all time; instead, it must be flexible and it must be modified whenever and however the changing face of medical research suggests modification. Taken thus, as practical and specific recommendations for the proper area and depth of the Library's collections, the report and whatever policy directives it inspires can be an instrument by which the Library may be shaped closer and ever closer to the ends it serves.

The second major qualification of the ALA Survey Committee's general recommendation was that "material already in the Army Medical Library which falls outside its fields...should be transferred to other government libraries." Accordingly, the Scope Committee was called upon to go a step beyond the formulation of collecting policy recommendations, and to suggest a procedure for pruning the existing collections to make them of greatest usefulness. The Committee has done this, and its specific recommendations in that direction are incorporated in its report. Behind those recommendations, however, lie a fair number of quite interesting problems which were not apparent at the outset of the Committee's study.

At first glance it would seem that once the decisions were made that the Library should collect only in such and such fields and to this or that degree of completeness, one would have only to measure the existing collections along the created yardsticks and to lop off everything that hung over. But alas for simplicity, to prune a collection by any such simple method is to disregard the dimension of time, to ignore the historical sense which makes a book or a subject now vital, now dead, now neglected and tomorrow sought after. Sensible policies dictating the near exclusion of botany from a medical library of 1950 are meaningless applied to the herbals of the sixteenth century; biology and chemistry which now touch upon medicine only in some of their branches were in the era of Koch and Pasteur inextricably part of medicine; and in the other extension of time, physics which only yesterday seemed almost as remote from medicine as geology is growing daily in medical implication and promises tomorrow to be of the very greatest importance.

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We do not propose, therefore, to transfer our herbals to the Department of Agriculture, our biologies and chemistries to the Library of Congress, and to say that our readers can go to the Bureau of Standards for their physics, because these are not medical subjects. This is an old library with a proud history and an acknowledged responsibility to preserve the medical literature of the past, as well as to serve the present and to anticipate future requirements of medical investigators. We cannot, and we do not suggest that we should ruthlessly apply the criteria for current collecting to that vast corpus assembled with skill and imagination and painstaking care by our predecessors. We can apply our yardsticks only gingerly and always with historical sense when we are measuring the claim of yesterday's book to inclusion in the Library.

That does not mean, however, that because fresh water algae were a fascinating and fruitful study for William Osler, we must keep or acquire every biology book of the nineteenth century. Alfred Clark Chapin succeeded in illustrating brilliantly the whole course of civilization in the carefully selected collection of ten thousand volumes which he gave Williams College. We should be able to illustrate the relations between biology and medicine in the nineteenth century by the exercise of similar discrimination.

Very well, then, we can prune our collections of older material of peripheral medical interest, and depending upon our taste and judgment and knowledge we can shape the collections to reflect relationships which are perhaps obscured by an undiscriminated accretion of books, significant and insignificant, in the fields tangential to medicine. We must, though, avoid yet another pitfall. We must recognize the fact of book collecting, that the whole is greater than the sum of the parts. One or two or twenty of the English Civil War tracts collected by George Thomason between 1640 and 1661 are nothing; the 23,000 pieces of that collection, arranged chronologically and bound in 2,000 volumes, comprise a body of historical source material which is not only a monument to the good sense of that maligned monarch, George the Third, who had the wisdom to buy it for the nation in 1762, but is a priceless possession of the whole civilized world. We do not intend to "weed" any of the minor Thomason collections we possess, medical or not medical. We do, however, recommend that such collections be examined and weighed very carefully, and that, if they are determined to be outside the Library's scope, they be transferred en bloc to a more appropriate repository.

What I have been saying must suggest that the whole effort of the Scope Committee has been in the direction of reducing the area of the Library's responsibility. That is not the case. We are even more concerned to discover and repair the gaps, and to assure so far as we can that we are not neglecting areas which are properly ours. The Committee has recommended, therefore, that a systematic assay of the collections be considered a continuing necessity. Such continuous weighing and measuring will disclose many weak spots and omissions which cannot be corrected until discovered.

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We shall hope then that the deliberations of the Scope Committee as they are reflected in its report will provide the basis of a usable guide for the increase of the Army Medical Library's collections, and, applied with our best judgment, for a pruning of the Library's present holdings that they may better serve the requirements of the American people whose possession they are.

THE ARMY MEDICAL LIBRARY
Washington 25, D. C.

LIBRARY ORDER No. 6

15 February 1951

SUBJECT: Committee on Scope and Coverage

1. The Library's Committee on Scope and Coverage is hereby re-established. Membership will be as follows:

- a. Chief, Acquisition Division (Chairman)
Chief, Reference Division
Chief, History of Medicine Division; and
- b. Three members at large, chosen from the staff, and to be relieved at periodic intervals, perhaps annually. The first such members will be:

Mr. Robert B. Austin, Reference Division;
Mr. Leslie K. Falk, Acquisition Division;
Miss Winifred A. Johnson, Catalog Division.

The Committee shall meet from time to time at the call of the Chairman.

2. In general, the Committee will carry on the work of the precedent committee, and to that end the members of the present Committee will thoroughly familiarize themselves with the previous work in this area, and with the Library directives which resulted therefrom.

3. Specifically, the Committee will

- a. Develop a tentative list of agenda for a meeting with representatives of the Department of Agriculture Library. The agenda, when approved, will be transmitted by the Director to the Librarian of the Department of Agriculture with the suggestion that our two libraries get together, on a more formal basis than has heretofore obtained, in defining our respective collecting fields with the objective of minimum duplication of effort and expense, and with the suggestion that, having reached such an agreement, our two libraries jointly approach representatives of the Library of Congress, to the same end.
- b. Consider the implications of paragraph 4a, Library Order No. 3, dated 6 February 1951, "Responsibility as part of the Armed Forces," and draft an amplified and more detailed

statement of policy and definitions, which may be incorporated in the basic Library Order. Where the present interests of the Army Medical Library are found to conflict with existing Army Regulations and Special Regulations, redrafts of such regulations embodying phraseology which will resolve such conflicts will be submitted to the Director.

- c. Consider the implications of paragraph 4b, Library Order No. 3, dated 6 February 1951, "Government Documents," and draft an amplified statement of recommended policy, spelling out priorities in detail.
- d. Make detailed recommendations on ways and means of conducting a systematic assay of the collections of the Library.

4. The Committee is urged to consult widely with other members of the staff, and to render reports of its activities to the Director from time to time.

Frank B Rogers

FRANK B. ROGERS
Lt Col, MC
Director

